



Administration & Insurance Group, Inc.

Today's Date: _____

Member: _____

ID#: UOE _____

Patient: _____

Provider of Service: _____

Date of Service: _____

Please answer the following questions so we may properly service your claim.

- 1. Was this due to an accident? Yes _____ No _____
- 2. If so, what was the date of the accident? Month ____ Day ____ Year ____
- 3. Please give a short description of how and where the accident occurred:

- 4. If employed, did the accident occur as a result of employment? Yes _____ ~~No~~
- 5. If so, has a claim been filed with workers compensation? Yes _____ ~~No~~
- 6. Is the claim due to a motor vehicle accident? ~~Yes~~ _____ No _____
- 7. Is this claim due to an injury caused by another person? Yes _____ No _____
- 8. Is any legal action being taken against another individual or group? Yes _____ No _____

If so, please give us the full details regarding this action.

Member's Signature : _____ Date: _____

Upon receipt of the above requested information, we will give your claim our immediate attention. If you have any question about the completion of this form, please feel free to call Elite Administration at (312) 243-1265 or (800) 762-4166. Thank you.

Elite Administration & Insurance Group, Inc.

1300 W. Higgins Road, Suite 208

Park Ridge, IL 60068

Phone: (312) 243-1265 ~ Fax: (312) 243-8678