INSURANCES

1. Healthcare insurance (primary/secondary/ tertiary)

Name and address of company

Phone of company

Subscriber ID

Group ID

Claim Address Info

Copy of card (front and back)

Effective Date

Claim No. (if known, with date of service)

1. Motor Vehicle Insurance

Name and address of company

Phone of company

Identification Number

Claim number (with date of accident)

Effective date of policy (from company)

Limits of Liability (from company)

Limit of PIP coverage (fro company)

PIP documents to be completed (based on insurer)

Primary: Auto or health insurance (from company)

Copy of insurance card

Investigation Information Needed by Insurance Company

(by request of Insurance Company)

Status of claim- complete or information needed

1. Homeowners insurance
2. Name
3. Address
4. Phone
5. Claim submission (phone or email/document(s).
6. Other (Boat, motorcycle etc.)
7. Copies of Auto insurance cards for other household vehicles.