



MEDICAL ACCIDENT QUESTIONNAIRE

Email or Fax Forms and Related Documents to Total Scholastic Solutions

Purpose: Claims: Eclaims@TSSAssist.com Pre-authorization: Assist@TSSAssist.com

Telephone: +1.949.916.7941 **Fax:** +1.949.271.2330

A. PATIENT INFORMATION			
Last Name:	First Name:	Alias:	
Date of Birth (MM/DD/YYYY):			
Home Country:	City and State:		
Country of Treatment:	City and State:		
Policy ID Number:	Policyholder Name:		
Date of Accident:			
Detailed description of how accident occurred (use back if more space is needed):			
Where did the accident occur? Location:		Date:	Time:
1) Was any other person responsible for causing your accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
2) Were you under the influence of drugs or alcohol at the time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3) Was this a sports related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, was this a <input type="checkbox"/> Collegiate Sports Program <input type="checkbox"/> Recreational Sport <input type="checkbox"/> Professional <input type="checkbox"/> Club <input type="checkbox"/> High School Sports If NO, was this <input type="checkbox"/> Work related <input type="checkbox"/> Motor vehicle related			
If YES, for the Collegiate Sports Program, was this <input type="checkbox"/> Intramural Sports (Sports organized within a particular educational institution) <input type="checkbox"/> Intercollegiate Sports (Sports or Activities between different colleges or schools)			
4) Is there another insurance plan with potential financial liability for this injury (i.e. Workman's compensation, automobile, property insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please provide the following details for the other plan:			
Policy Holder:	Policy Number:		
Plan Name:	Contact Number:		
Patient Signature:	Date Signed:		
B. FRAUD WARNING			
Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.			

PLEASE ATTACH THE OFFICIAL POLICE ACCIDENT REPORT IF APPLICABLE.



Privacy Notice

The Total Scholastic Solutions group of companies includes brokering and management companies, as well as assistance and administration companies. We respect your privacy, and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy so you understand your rights and your personal data use by the TSS Group.