

Third Party Recovery Services
P.O Box 34602
Washington, D.C. 20043
(202) 683-9140 Fax: (202) 833-2027

Settlement Survey

PLEASE FAX COMPLETED FORM TO 202-833-2027 or MAIL TO ABOVE ADDRESS WITHIN FIVE (5) DAYS OF RECEIPT

1. Plan Enrollee Name and Plan ID No.:

2. Patient:

3. Date of Incident:

4. Has patient completed treatment? Yes No If yes, provide date: _____

5. Accident-related injuries: _____

6. Has an insurance claim been filed with another carrier? If so, please select the carrier type

PIP/Med Pay/No-Fault UM/UIM Bodily Injury/Liability Workers Compensation

7. Identity of Insurer(s)

Personal Injury Protection ("PIP") / Med Pay / No-Fault

Name of Contact:		Contact's Phone Number: () -	
Name of Company:			
Street Address:	City:	State:	Zip:
Claim Number:	Policy Limits		

Uninsured ("UM")/ Underinsured ("UIM") Motorists Coverage

Name of Contact:		Contact's Phone Number: () -	
Name of Company:			
Street Address:	City:	State:	Zip:
Claim Number:	Policy Limits:		

Bodily Injury / Liability or Worker Compensation Insurer

Name of Contact:		Contact's Phone Number: () -	
Name of Company:			
Street Address:	City:	State:	Zip:
Claim Number:	Policy Limits		

8. Has the insurance claim been settled? Yes No

If Yes, Type of Insurance: _____ Amount: \$_____ Date: _____

If a recovery has not been made, what is the expected settlement date? _____

Please answer this question on the back with respect to each identified type of insurance.

9. Has a lawsuit been filed? Yes No

a) If yes: In what court was the suit filed? _____

What is the case number of the suit? _____

What is/are name(s) and address(es) of the defendant(s)?

Defendant's Attorney (if known / list additional attorneys on the back):

Name of Attorney:		Telephone: () -	
Firm Name:			
Mailing Address:	City:	State:	Zip:
Email:			

Trial date, if set: _____

Settlement conference date, if set: _____

b) If no:

Is a lawsuit planned? Yes No

If yes, when do you plan to file? If no, please explain why not?

10. If a claim for damages is no longer being pursued, please explain why not.

Name of Responder:	Date:
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