**Accident Related Visit?**

“Is this visit accident related, covered by workers compensation, auto, or other liability insurance that is not your own?”

If the patient says yes:

**WC (Workers Compensation)** – Give the patient the form to fill out and ask the following:

“Who is the employer that the accident occurred with?”

-*The patient’s employer that is covering the workers compensation claim might be different from their current employer.*

*Example: patient is retired but still receives treatment for a work related injury. The employer address must be listed as well for the claim to be paid.*

“What day did the accident happen?”

“What time were you injured?”

“What is the location of your injury?”

–*The location is explaining the area of injury. Example: Left hand.*

“State the injury happened in?”

*-This is very important due to the fact that a truck driver might have been in another state when they were injured, but they are employed in Montana or the other direction; meaning they were injured in Montana, but are employed in North Dakota.*

“What WC Company is paying for your visit today?”

**Auto Accident** – Give the patient the form to fill out and ask the following:

“What day was the Auto Accident?”

“What time did the accident occur?”

“What was injured in the auto accident?”

“What state where you in when the auto accident happened?”

“What auto insurance is paying for the visit today?”

***This information will also be on the form, but it is vital that we collect as much information as possible prior to completing the registration.***

**Inform the patient if they do not have the WC Company, Auto insurance, Policy numbers or claim numbers that the form will need to be sent to the WC Insurance Biller or this claim might be set into Self-Pay.**