



## THIRD PARTY LIABILITY / ACCIDENT / INJURY INFORMATION FORM

### Member Details

Member Name (first, middle, last name):  Date of Birth:   
Address (Street Address, City, State, Zip Code):  Member ID #:   
 Social Security Number:   
Telephone (with area code):  Email:

### Dependent Information (Fill out the information below if this claim is on a dependent)

Dependent Name:  Relationship to Member:   
Address:   
Date of Birth:  Telephone:

*NOTE: If this claim is on a dependent who is 18 years of age or older, the dependent must submit a HIPAA PHI Release Form available at [kemptongroup.com](http://kemptongroup.com). The Kempton Group may not speak with the member regarding claim details without this form.*

### Accident / Injury Details

Is this claim the result of an accident?  Y  N  
Was this claim related to the patient's employment?  Y  N  
Was this claim related to a motor vehicle accident?  Y  N

**If you answered "yes" to any of the above, please fill out the information below:**

Date of accident or injury:  Location of accident:

Detailed description of how accident or injury occurred (*please attached additional sheet if necessary*):

### Instructions:

Please return this form to The Kempton Group Administrators, Inc. via email to [customerservice@kemptongroup.com](mailto:customerservice@kemptongroup.com) or via fax to (405) 608-5831.

### Signature

The information provided is truthful and accurate to the best of my knowledge. I understand that if claims were incurred due to third party liability or performing work for which I have been compensated, the Plan has the right to recover any payments made by the Plan. I understand that if claims were incurred due to third party liability or performing work for which I have been compensated, the Plan has the right to recover any payments made by the Plan. Please see your Summary Plan Description for more information.

Member Printed Name:   
Signature of **Member**:  Date:   
Signature of **Patient**:  Date:   
(Only if patient is age 18 or over)