



Date

Name

Address

Address

Group Name

ID#

Re: Type of injury

Date of service

Dear Member,

PHPC received one or more claims for the patient listed above which may have been the result of an accidental injury.

Accidental injuries include any injuries sustained by accident or mishap, including (but not limited to): falls, lacerations, sprains or strains from over exertion, sports injuries, motor vehicle accidents, and assaults. The diagnosis submitted on the above listed claim indicates that an accidental injury may have occurred. Additional information is needed to assist in the processing of this and any other claims incurred as a result of this injury. Please complete the following, sign and return this letter to our office or contact PHPC Customer Services at the number listed below.

Was this a result of any accident as described above?            Yes / No  
Date of accident (MM/DD/YY) \_\_\_\_\_  
Where did the accident occur? \_\_\_\_\_  
Description of Injury: Please provide all details as to how the accident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Auto Carrier/or Responsible Party \_\_\_\_\_  
\_\_\_\_\_

Upon timely receipt of the requested information, the claim in question will be reconsidered according to the benefits available under your plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_