



Dear patient: Priority Health has requested this questionnaire be presented to you for completion. The answers will help expedite the benefit consideration of your claim. Please complete all information that applies, and use reverse side if more space is necessary.

Date: _____
Patient Name: _____
Contract Holder: _____
Contract Number: _____

Priority Health
TPL Department MS 2205
PO Box 269
Grand Rapids, MI 49501-0269
FAX: 616 942-9618

1. Briefly describe the condition or diagnosis:

2. Are the medical services received a result of an injury? Yes No
If yes, please complete the following:

Date injury occurred: _____

Where the injury took place:

Name and addresses of all parties involved:

Please provide a full description of how injury occurred:

3. Is this condition, diagnosis or injury related to past or present employment? Yes No
If yes, please complete the following:

Was the injury reported to employer?
 Yes No

Has Worker's Compensation claim been filed?
 Yes No

Employer Name: _____

Employer Address: _____

Length of employment: _____

Please describe in detail tasks performed as a regular part of that job:

4. Is this condition, diagnosis or injury covered by any other insurance? Yes No
If yes, please complete the following:

- Type of insurance:
- Homeowners
 - Worker's Compensation
 - Auto If the condition, diagnosis or injury resulted from any involvement with an automobile, please send a copy of the personal injury protection section of the policy that was in effect at that time to:
Priority Health
PO Box 269
Grand Rapids, MI 49501-0269
 - Business Owners
 - Other

Policy Number: _____

Claim Number: _____

Policyholder Name: _____

Address: _____

Insurance Company: _____

Address: _____

Agent Name: _____

Address: _____

Telephone number: _____

5. Has an attorney been consulted regarding this condition, diagnosis or injury? Yes No
If yes, please complete the following:

Attorney Name: _____

Address: _____

Telephone number: _____

6. Patient/Contract holder
Signature: _____
Date: _____