



east lincoln family health professionals, pc

4525 S 86th Street, Ste. B Lincoln, NE 68526-9227
Telephone: 402-483-7507 Fax: 402-483-6899

Bradley Sawtelle, MD
Alicia Buller, PA-C
Andrea Hegge, PA-C
Chloe Nabb, PA-C

Motor Vehicle / Third Party Form

Patient Name: _____ Date of Birth: _____

Parent/Legal Guardian Name (if minor): _____

Address: _____ Phone: _____

Today's Date: _____ Date of Accident: _____

Claim No. _____

Agent or contact who is handling claims: _____ Phone: _____

Insurance Name/ _____ Phone: _____

Where to Send Claims

Address: _____

Including Date of Injury, give a brief description of what occurred:

I authorize the release of any medical information necessary to process any MVA/Third-party claims. I understand that ALL information needs to be completed on this form for the office to submit my claim. We do require MVA and Third-Party visits to be paid at the time of the service. As a courtesy, we will submit the claim to the insurance carrier provided on the form. It is your responsibility to seek reimbursement from them. If we should receive payment from the insurance, your account will be issued a credit.

Signature of Patient/Parent/Legal Guardian

Date