WellAway
Keeping You Well, While You're Away.®

WellAway Limited
Victoria Place
31 Victoria Street
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+1 441 296 0651
info@wellaway.com
wellaway.com

# Accident and Subrogation Questionnaire

***Please submit this form and all related correspondence to:***

payerfusion

2100 Ponce de Leon Boulevard
Mezzanine Level
Coral Gables, FL 33134

305.760.8739
Email: conciergecare@payerfusion.com

**IMPORTANT: Please be sure to provide all requested information**

## A. MEMBER INFORMATION

| | | | |
|---|---|---|---|
| Full Name: | | | |
| Policyholder Name: | | Policy Number: | |
| Mailing Address: | | | |
| City: | State: | Zip/Postal Code: | Country: |
| Phone (Home): | | Phone (Work): | |
| Email: | | Phone (Cell): | |

## B. ACCIDENT AND CLAIM INFORMATION

| | | |
|---|---|---|
| Date of Accident: | Country of Accident: | State (if applicable): |

***Please provide in detail all the following***

| | |
|---|---|
| What, when, and where did incident take place? | |
| Have you been treated by a doctor for an accidental injury? | |
| Provider Name: | Hospital Name: |
| Diagnosis: | Date of Service: |
| Was the accident related to any of the following (please check box that applies)? | |
| ☐ Sports ☐ Injury at home ☐ Injury at work ☐ Auto accident ☐ Motorcycle accident ☐ Fall ☐ None of the above | |
| **List any of members of your family involved in the accident (if applicable):** | |
| Was anyone at fault? | |
| If so, please list name of person at fault | |
| Did you file a claim against a third party? | |

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## C. RESPONSIBLE INSURANCE COMPANY

| | | |
|---|---|---|
| Is the Member insured under any other insurance? ☐ Yes ☐ No | | |
| Name of Insured: | Policy Number: | Effective Date of Policy: |
| Insurance Company Name: | Address: | |
| Country: | Zip/Postal Code: | Phone: |
| Does the third party have insurance? ☐ Yes ☐ No | | |
| Name of Insured: | Policy Number: | Effective Date of Policy: |
| Insurance Company Name: | Address: | |
| Country: | Zip/Postal Code: | Phone: |

## D. LEGAL ACTION

| | | |
|---|---|---|
| Have you filed a police report? ☐ Yes ☐ No | | |
| Have you hired an attorney? ☐ Yes ☐ No | Name of Attorney: | |
| Address: | City: | |
| State: | Zip/Postal Code: | Country: |

## SIGNATURE

| | |
|---|---|
| Member's Signature | Date Signed |