

3446473PAC0107501

John Q. Railroader
124 Sunnyside Lane
Lincoln, NE 68502

December 09, 2004

Re: John Q. Railroader,
Treatment on: 10/06/2004
Health Plan: Railroad Health & Welfare Plan
CASE #: 234876

Dear John Q. Railroader,

Your medical plan has asked us to get more information about the injury or care you received.

Were you injured in an accident? If yes, did someone else cause the accident? That person may be responsible for the cost of the medical care you received. We try to recover the costs of the medical care from that person and pay back your medical plan.

Please fill out the attached form and return it to us in the enclosed envelope. If you prefer, you can contact us at **1-866-294-3034**, Monday through Friday, 7:00 a.m. to 7:00 p.m., Central Time or email us at www.recoveryfacts.com. The Telecommunication number for the deaf is TTY (866) 876-2784. If this care was not due to an accident or an injury, please let us know. We need this information as soon as possible.

Thank you for your help.

Sincerely,

Ingenix Subrogation Services

Para español por favor mire el otro lado de esta carta.



Case # 234876

Date of Injury _____
(Please complete)

Health Plan Railroad Health & Welfare Plan
Patient's Name JOHN Q. RAILROADER

1. Was treatment due to: (please check one below)
- | | |
|--|--|
| <input type="checkbox"/> Auto Accident | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Home Injury | <input type="checkbox"/> Liability (like a Slip or Fall) |
| <input type="checkbox"/> Work Accident or Injury | <input type="checkbox"/> Other / Not an Accident (Explain Below) |

2. Please describe **how** and **where** this injury happened.

What state did this happen in? _____

3. Was anyone beside yourself responsible for your injury? Yes No
If "yes" and you are making a claim against them, please list their Insurance Company name, address, phone number, policy number, and claim number.

4. Was a Police Report made? Yes No
Name and City of Department (if "yes").

5. If this was from an auto accident, please list the name, address, policy number, and claim number of *your own* car insurance.

6. Did you hire an attorney to represent you? Yes No
If "yes", please list their name, address and telephone number.

Por favor mire al otro lado para las preguntas en español.