



**R H ADMINISTRATORS, INC.**  
**5502 58<sup>TH</sup> STREET, SUITE 700**  
**LUBBOCK, TEXAS 79414**  
**(806) 794-0844 - Voice**  
**(806) 784-3555 or (806) 784-3556 Fax**

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Policy I.D. Number: \_\_\_\_\_

Patient: \_\_\_\_\_

**ACCIDENT/INJURY DETAILS**

We have received claims for the above claimant. In order to consider the pending claims properly, we need you to complete the following information:

1. Claim indicates it was due to an accident and/or injury. Please give the complete details including where, when, and how the accident or injury occurred.

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

2. Was the above mentioned accident and/or injury work related?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Was there a responsible third party involved?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date