



Medical Accident Questionnaire

Please send completed form to GBG Administrative Services, Inc.

- **Online submission:** www.gbg.com
- **Submit:** customerservice@gbg.com
- **Mail:** 27422 Portola Parkway #110 Foothill Ranch, CA 96210

A. PATIENT INFORMATION	
Name (Last, First, MI):	
Member ID #: 999-	Member Date of Birth (DD/MMM/YYYY):
Claimant Name (Last, First, MI):	
Claimant ID #: 999-	Claimant Date of Birth (DD/MMM/YYYY):
Detailed description of how injury occurred:	
Location injury occurred:	
What injuries did you sustain as a result from this accident?	
Were you under the influence of drugs or alcohol at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any other person responsible for your accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
If this accident was related to a Motor Vehicle Accident, please attach a copy of official police report if applicable	
Was this a sports related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was this a <input type="checkbox"/> collegiate sports program or <input type="checkbox"/> recreational sport ?	
If this injury was a result of a collegiate sports program, please provide Athletic Injury Report from Athletic Director	



B. PRIMARY PHYSICIAN(S) INFORMATION	
Physician Name:	Phone Number:
History of Treatment (ALL Medication and Surgical Procedures):	
Physician Name:	Phone Number:
History of Treatment (ALL Medication and Surgical Procedures):	
Physician Name:	Phone Number:
History of Treatment (ALL Medication and Surgical Procedures):	
C. OTHER COVERAGE	
Is there another insurance plan with potential financial liability for this injury? (Workman's Compensation Automobile or Property Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach details (Policy Name, Policy Number and Contact Number) of other insurance information	
D. AUTHORIZATION	
Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.	
Name:	Date:
Signature: By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.	

Fair Processing Notice

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at <https://www.gbg.com/#/AboutGBG/PrivacyPolicy> and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.