

Hughston Clinic, P. C.

Subrogation/Accident Form

If your injury was the result of an accident we will need this form completed in order to file your medical insurance for services rendered. This form allows The Hughston Clinic to file to your personal insurance for reimbursement. If a third party is involved, and you receive funds from a third party you are responsible for reimbursing your insurance company.

Date of accident: _____

Where did the accident occur: _____

Describe how the accident occurred: _____

Was this accident work related: _____

Was this accident the result of a Third Party: YES _____ NO _____

(Third Party is someone other than your own personal insurance that will be liable for your accident)

Signature: _____

Date: _____