



**CPM, Inc.**

This is a request for additional information that is needed to process claims potentially related to either an automobile, accident or other third party liability. Please complete the questions listed below, sign and date and mail to CPM, Inc. 1220 SW Executive Drive, Topeka, KS 66615 or fax to (785) 273-6850 or email to [claims@corpplan.net](mailto:claims@corpplan.net).

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

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

Employer: \_\_\_\_\_

1. Date, location and details of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is there a responsible party for the accident? YES / NO (please circle). If yes, please provide the name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

3. Have you contact an attorney? YES / NO (please circle) If so, please provide the name, address, and telephone number of your attorney. \_\_\_\_\_

\_\_\_\_\_

4. Will a suit be filed against the responsible party? YES / NO (please circle)

5. If known, please provide the name, address and phone number of the responsible party's insurance carrier: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form **MUST** be signed by the PATIENT (unless the patient us under age 18)

Thank you for your assistance in getting your claims processed accurately and timely.

CPM, Inc.

1220 SW Executive Drive – Topeka, KS 66615-3850

785-273-8398 – Fax 785-273-6850