



Auto Accident Policy and Claim Information

Please contact your auto insurance carrier to report your accident. As Kansas is a no fault state, if you are a titled driver we are required by law to submit claim to your auto insurance prior to submitting it to your health insurance. Failure to report the claim may result in a denial by your health insurance, potentially leaving the full balance of the claim to your responsibility.

Hospital Account Number:

Accident Date:

Patient Name:

Date of Birth:

Your Auto Insurance Carrier:

Auto Insurance Mailing Address:

Auto Insurance Phone #:

Auto Insurance Policy Number:

Claim Number:

Please return the information below in the next 3 days.

- 1) this form**
- 2) copy of driver's license**
- 3) copy of front and back of auto insurance card (or policy paperwork)**

Return via Email/Fax/Mail, in order of preference:

Email: jenny.bittinger@wnmh.org

Fax: 620.221.3594

Mail: William Newton Hospital

Attn: Business Office

1300 E 5th Ave

Winfield, KS 67156

We appreciate your cooperation in expediting the processing and payment of your claim. We will forward this information on to any other billing companies associated with your visit at William Newton Hospital.