

# 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 Number: \_\_\_\_\_

Auto Insurance Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**Please return the information below in the next 3 days:**

- 1) This form
- 2) A copy of your driver's license
- 3) A copy of the front and back of your auto insurance card (or policy paperwork)

**Return via email/fax/mail, in order of preference:**

Return by email: jenny.bittinger@wnmh.org

Return by fax to: (620) 221-3594  
Attn: Business Office

Return by mail to: William Newton Hospital  
Attn: Clinic Billing  
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. For questions, please contact the Business Office at 620-222-6248.**