



{ Injury and Accident Form }

Member Name: _____ Member Date of Birth: _____ Date of Service: _____

IMG Plan ID Number (located on your ID card): _____

Member ID Number: _____ IMG Claim Number: _____

We have received medical bills which indicate you may have been involved in an accident. We need the following information from you to complete our file prior to the possible payment of your claims.

Please write your answers to the following questions. You may attach additional sheets if necessary.

The completed form and any other necessary documents can be submitted to IMG by:
E-mail: vistacare@imglobal.com Fax: (855) 851-2971 Postal Mail: P.O. Box 88506 / Indianapolis, IN 46208.
If you have any questions, please call IMG at (855) 851-2974 or (317) 833-1711.

1. Please describe how, when and where your injury / accident occurred

[Empty box for describing injury/accident]

Was the injury a result of performing your duties as an AmeriCorps VISTA Volunteer?

[] Yes [] No

If this claim was not the result of an accident, please indicate when and where medical treatment was sought?

Date of treatment: _____ Name of hospital or provider: _____

Address of hospital or provider: _____

2. Are you pursuing a claim against any other party? For instance, the owner of the premises where you were injured.

[] Yes [] No If yes, please provide the name and address of the other party(ies).

Name of other party: _____ Address of other party: _____

3. If an auto accident was involved, please provide the name, address and phone number of any insurance carriers involved, including personal injury protection insurance. Please also provide a policy number and a claim number.

Not Applicable: []

If applicable: Please be sure to submit a copy of the police report along with this form.

[Empty lines for insurance information]

4. If legal counsel is representing you against other parties, please provide the name, address and phone number of your legal counsel. Not Applicable: []

[Empty lines for legal counsel information]

Your Signature: _____ Today's Date: _____

If another party was involved in this accident and is liable for payment of injuries, AmeriCorps VISTA will subrogate your claim. Subrogation entitles AmeriCorps VISTA to a refund of benefits paid out of any recovery from a third party, its insurer, or uninsured motorist insurance and allows AmeriCorps VISTA to file a lien or have a lien upon any recovery you receive. Please accept this correspondence as notice of our lien in this matter. No settlement with any party is complete without the indemnification of AmeriCorps VISTA.