

# EXPLANATION OF ACCIDENT/INJURY

## ASEA Health Trust

Address: 111 W. Cataldo, Suite 220, Spokane, WA 99201 • Phone: 866-553-8206 (toll-free); 509-328-0300

Fax: 509-328-8623 • Website: [www.aseahealth.org](http://www.aseahealth.org)

Use this form, as directed by the ASEA Health Trust Administrator, to describe the details relating to an accident or injury for which benefit claims have been submitted.

### PLEASE PRINT CLEARLY

Date:

Employee name:

SSN or Alternate ID:

Services provided by:

Patient name:

Date of service:

Claim number:

Date occurred:

Time:

AM

PM

Please describe in detail how and where the incident occurred:

Is this a work-related accident?  Yes  No

Was a third party involved (for example, was another person or party, whom you may be considering making a claim against, responsible for the patient's injuries)?  Yes  No

### CERTIFICATION

I certify that the above is true, correct and complete.

Employee signature:

Date:

Any person who knowingly and with intent to defraud or deceive any health plan, files a statement of claim containing any materially false, incomplete, or misleading information is guilty of a crime and may be liable for substantial civil penalties.