Subrogation Agreement

Group #	Insured ID #	Today's Date	Date Of Injury

Claimant Information	Patient Name ____ Street Address ____ City/State/ZIP ____
Accident/ Injury Information	1. Location of Accident ____ Property Owner/Lessee ____ Street Address ____ City/State/ZIP ____
	2. Accident Date: Nature of Accident:
	3. Describe the Injury:
	4. Will patient require future medical treatment because of these injuries?
	5. Did the police investigate the accident? If YES, Please send copy of police report.
Third Party Liability	6. Has a claim been made under any other insurance plan or against any other person or company as a result of this accident/injury? [ ] YES [ ] NO Comments:
	7. If you answered "Yes" to question #6, please give name and address of party: Person's Name ____ Company ____ Insurance Company ____ Street Address ____ Street Address ____ Street Address ____ City/State/ZIP ____ City/State/ZIP ____ City/State/ZIP ____
	8. Has any settlement been made? [ ] YES [ ] NO
	9. Has any suit been filed? [ ] YES [ ] NO If Yes, When: Where:
	10. If suit has not been filed, do you intend to contact any attorney? [ ] YES [ ] NO Comments:
	11. Name, Address & Phone Number of Attorney: ____

I , ________________ , do hereby certify that the above information is true and correct to the best of my belief and knowledge.

I also understand that the above Health Plan is entitled to 100% reimbursement by any insurer, company or person responsible for the above patient's injury or for paying for that injury

I hereby authorize the insurer, company or person referred to above to directly pay **MBA Benefit Administrators, Inc.** as agent of ____________________________, any insurance proceeds, damage or settlement amounts, or other funds as reimbursement for the medical benefits provided as a result of the above injury. If the above referenced funds are paid directly to myself, I agree to hold any such amounts I receive in trust and to pay such amounts, upon request, to **MBA Benefit Administrators, Inc.**

Signature ____________________ Date ____________