FCMH FRANKLIN COUNTY MEMORIAL HOSPITAL & RURAL HEALTH CLINIC

Caring for those you care about

1406 Q Street Franklin, NE 68939

Franklin

308-425-6221

800-753-2479

POOL MEDICAL CLINIC
PATIENT ACCIDENT INFORMATION

Patient's Name: ______________________ DOB: ________ Injury Date: ________________

Address: ____________________________ City: ______________ State: _____ Zip: __________

Location of Accident: (Please Check one)

☐ Home ☐ Work ☐ Retail Establishment ☐ Farm ☐ Other Please explain ________________

Description of Accident (Explain where the accident occurred at the checked location above and what caused the accident) (Example: In the barn on the farm, slipped and fell on a shovel).

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Are you or a family member going to file a liability claim or lawsuit in connection with this injury or illness?

YES ☐ NO ☐

Name of patient's legal representative for this case (if any): ______________________________

Patient's Signature: ____ or

Other Signature: ____________________________ Relationship to patient: ____________________

Type of Accident: ☐ Workman's Compensation ☐ Automobile ☐ Other ______________________
Specify

If you checked Workman's Compensation, please complete the following:
Have you notified your employer of the accident? YES ☐ NO ☐
Work Compensation Claim # ____________________________

Name of Employer: ____

Address: ______________________________ City ______________ State ______ Zip ________

WE WILL NOT BE ABLE TO PROCESS THIS WORKMAN'S COMPENSATION IF YOU HAVE NOT NOTIFIED YOUR EMPLOYER. THIS INFORMATION IS YOUR RESPONSIBILITY! IF WE DO NOT GET THIS FROM YOU, YOU WILL BE RESPONSIBLE FOR THE BILL.

Patient's Signature ____