

OREGON STANDARD TORT CLAIM FORM

Bodily Injury Questionnaire: IMPORTANT: We are required by federal law to obtain the information in questions 16 through 20. Failure to provide this information will result in delays in resolving your claim. You can find further information at [Medicare Secondary Payer Recovery Contractor \(MSPRC\) - Home](#).

Bodily Injury Questionnaire	16. Last Name	First name	Middle initial
	17. Date of Birth (mm/dd/yyyy)	18. Gender <input type="checkbox"/> M <input type="checkbox"/> F	19. Social Security number
	20. Are you a Medicare beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. If so, provide HICN (required by federal law)
	22. Is this related to an auto accident? (If no, skip to question 26) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	23. If yes, where were you seated in vehicle? <input type="checkbox"/> Driver <input type="checkbox"/> Front right passenger <input type="checkbox"/> Rear right passenger <input type="checkbox"/> Rear left passenger <input type="checkbox"/> Other _____		
	24. Seatbelt used? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind? <input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> None		
	25. Did the airbag deploy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	26. Describe your injury:		
	27. When did you first notice you were injured?		
	28. Have you sought medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. If yes, list the medical providers you have seen:
	30. Approximate amount of medical costs incurred to date:		
	31. Is future treatment expected? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. If yes, explain:
	33. Do you have any prior injuries to the injured body part(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. If yes, explain:
	35. Do you have any other health issues (such as diabetes, arthritis, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. If yes, explain:
37. Any other information you would like to provide to us:			

