

Medical Claim

Contact Information Tracker

Keep this worksheet handy to organize your information. For the best service, please contact the appropriate claims representative.

Claim number: _____ **Accident date:** _____ **Accident time:** _____

Accident location: _____ **Date you reported:** _____

Your claims representatives (Your injuries)

Medical representative: _____ Phone number: _____

Email address: _____

Other representative: _____ Phone number: _____

Email address: _____

Your personal information

Your doctor: _____ Phone number: _____

Other: _____ Phone number: _____

Other: _____ Phone number: _____

Representative name: _____ **Date:** _____ **Time:** _____

Notes/Comments: _____

Representative name: _____ **Date:** _____ **Time:** _____

Notes/Comments: _____

Visit HelpPoint Claim Services at hpcs.com to view the status of an existing claim, add information (such as photos and documents) to a claim, find contact information for your claims representative, and much more.