



7837 Fair Oaks Blvd
Carmichael, CA 95608

CLAIM FORM

(A claim shall be presented by the claimant or by a person acting on his behalf)

1	<p>Effective January 1, 2010 the Medicare Secondary Payer Act (Federal Law) requires the District/Agency to report all claims involving payments for bodily injury and/or medical treatments to Medicare. As such, if you are seeking medical damages we must have both your Social Security Number and your date of birth.</p> <p>CLAIMANT INFORMATION</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>PHONE #: _____ EMAIL: _____</p> <p>FOR MEDICAL CLAIMS ONLY INCLUDE SOCIAL SECURITY AND DATE OF BIRTH BELOW:</p> <p>SOCIAL SECURITY #: _____ DATE OF BIRTH: _____</p>
2	<p>WITNESS INFORMATION</p> <p>NAME: _____ PHONE #: _____</p> <p>ADDRESS: _____</p>
3	<p>INCIDENT DETAILS (description of occurrence, use back of form if necessary)</p> <p>DATE: _____ TIME: _____ PLACE: _____</p> <p>TELL WHAT HAPPENED: (give complete information)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">NOTE: Attach any photographs you may have regarding this claim.</p>
4	<p>CLAIM DETAILS (description of the indebtedness, obligation, injury, damage, or loss incurred so far as know at this time)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">NOTE: Attach receipts.</p>
5	<p>EMPLOYEE(S) NAMES (list the public employees causing the injury, damage, or loss, if known).</p> <p>_____</p> <p>_____</p>
6	<p>The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.</p> <p>_____</p> <p>_____</p>
<p>Date: _____ Time: _____ Signature: _____</p> <p style="text-align: center;">ANSWER ALL QUESTIONS. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT!</p>	

FOR OFFICE USE ONLY:	Release Form Sent: _____
Approved By: _____	Check Request Sent: _____
Denied By: _____	Check Mailed Date: _____
Date: _____	Claim to JPIA Date: _____
Claim Check from JPIA date: _____	Adm check from JPIA date: _____