

**THIRD PARTY LIABILITY
QUESTIONNAIRE**

CODE: B

DATE OF VISIT: _____

**INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE.
PLEASE PRINT.**

NAME (S) OF INJURED: _____
HOME ADDRESS: _____

TELEPHONE: (HOME) _____ (WORK) _____
DoD ID# _____ DATE OF BIRTH: _____

IF MILITARY MEMBER:
CURRENT DUTY STATION: _____
RANK OR RATE: _____ BRANCH OF SERVICE: _____

IF DEPENDENT, PLEASE PROVIDE SPONSOR INFORMATION:
NAME: _____
DoD ID# _____
CURRENT DUTY STATION: _____
RANK OR RATE: _____ BRANCH OF SERVICE: _____
HOME ADDRESS IF RETIRED: _____
RELATIONSHIP TO SPONSOR: _____

DATE AND PLACE OF ACCIDENT: _____
DESCRIPTION OF ACCIDENT: _____

TYPE OF INJURIES: _____

PLACES AND DATES OF TREATMENT (S): _____

**PLEASE PROVIDE YOUR AUTO INSURANCE INFORMATION. IF YOU WERE A PASSENGER,
PROVIDE THE DRIVER/OWNER'S AUTO INSURANCE INFORMATION. (IF NOT APPLICABLE, PLEASE
SPECIFY):**

NAME: _____
ADDRESS: _____
NAME OF POLICY HOLDER: _____
POLICY NUMBER: _____ CLAIM NUMBER: _____

NAME AND ADDRESS OF PARTY RESPONSIBLE FOR THIS ACCIDENT/INCIDENT:
NAME: _____
ADDRESS: _____
AUTO INSURANCE COMPANY: _____
ADDRESS: _____
POLICY NUMBER: _____ CLAIM NUMBER: _____

**** IF OTHER THAN A MOTOR VEHICLE ACCIDENT, PLEASE PROVIDE ALL
PERTINENT INFORMATION.**

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU HAVE OBTAINED AN ATTORNEY TO REPRESENT YOU IN THE RECOVERY OF DAMAGES:

NAME OF LAW FIRM: _____

ADDRESS: _____

TELEPHONE AND/OR FAX NUMBER: _____

NAME OF ATTORNEY HANDLING CASE: _____

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Privacy Act of 1974, 5 U.S.C. 552 (a) (1982). Medical Care Recovery Act, 42 U.S.C. 2651-53 (1982), 10 U.S.C. 1095 (1990). Navy Affirmative Claims Regulations, 32 C.F.R. 757 (1984). Department of Justice Regulations, 28 C.F.R. 43 (1984).
2. **PRINCIPAL PURPOSE:** To provide information for the collection of Medical Care Recovery Act claims against third person who cause injuries to other individuals who were given medical care a government health care facility or at government expense.
3. **ROUTINE USES:** Information given by the injured persons who received treatment at government expense or at a government health care facility is used to recover the reasonable value of the medical care from the individual who caused the injury. The information is also used to prepare reports to the Department of Justice and the Department of the Navy.
4. **MANDATORY DISCLOSURE AND CONSEQUENCES OF REFUSAL TO DISCLOSE:** Federal law requires the injured person to provide the requested information. 32 C.F.R. 757.5 (1984); 28 C.F.R. 43.2 (1984); and 42 U.S.C. 2651 (a) (1982).

If the requested information is not given, the United States Navy may force disclosure by court action. The United States Navy may also require the injured person to assign all claims for the expense of the medical treatment to the United States Navy for collection.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND I DO FURTHER HEREBY CERTIFY THAT THE ABOVE ANSWERS ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND COMPLETE. I HAVE ALSO READ AND UNDERSTAND THE CONTENTS OF THE PRIVACY ACT STATEMENT. I HEREBY AUTHORIZE THE RELEASE OF ANY MEDICAL AND MILITARY RECORDS IN CONNECTION WITH THIS CASE.

(PATIENT OR GUARDIAN SIGNATURE)

(DATE)