



### PATIENT'S ATTORNEY INFORMATION

PATIENT NAME\*:

INJURY DATE\*:

PATIENT AT FAULT\* (CIRCLE ONE) Y / N

*LSM/FNM will file your claims to your auto policy first if medical payment is available regardless of who is at fault. If medical payment is not available on your auto policy, claims will be filed to the at fault party's auto insurance in which you are responsible for claim payment upon settlement without reduction of fees. Should you retain an attorney who advises otherwise, LSM-FNM will pursue processes under your attorney's advisement. Should no other benefits be available, health insurance may be billed in which all deductible, copays and non-covered items are payable by the patient within 30 days of processing. LSM-FNM reserves the right to deny deferment of payment for personal injuries.*

\* Indicates field to be completed by patient

LAW FIRM\*

ATTORNEY NAME\*

ATTORNEY PHONE NUMBER\*

ATTORNEY EMAIL \*

PARALEGAL NAME

PARALEGAL PHONE NUMBER

PARALEGAL EMAIL

ATTORNEY ADDRESS