

3 Common Strategies Insurance Companies Use to Minimize Claims

Information Every Car Accident
Victim Should Have

1) RECORDED STATEMENTS

- Typically, an insurance adjuster will call you shortly after the accident to take your recorded statement
- They want information regarding your injuries and the details of the collision.
- You are not required to do this, and we recommend you don't.
- It is too early to know the full extent of your injuries and how your treatment will progress.
- The insurance company is hoping you will say something that will allow them to place some fault on you or minimize your injuries.
- Tell the adjuster to call you back or refer the adjuster to your experienced Kansas City personal injury attorney at Castle Law Office.



2) OFFERING A SETTLEMENT

- Sometimes insurance adjusters will offer you a settlement before you have reached maximum medical improvement.
- An adjuster may even tell you an attorney is not necessary.
- The truth is that car accident injury victims who hire attorneys generally receive larger settlement than those who are unrepresented. Even after attorney's fees, this can be a significant amount.

3) MEDICAL RELEASE FORMS

- The insurance adjuster may mail out a a medical authorization for you to sign, which would allow the insurance company to obtain all of your medical records, even records regarding pre-accident treatment that may be completely irrelevant to your current injuries. They can use this information to **minimize your claim by discrediting your current injuries.**
- **Before** you give a recorded statement, accept a settlement or sign any forms, contact the experienced Kansas City car accident attorneys at Castle Law Office.

All portions of this form *must* be completed to constitute a valid authorization for release of health information under the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. If any field is left blank, the authorization will be considered defective.

Patients Name	Date of Birth	SSN
Address		Telephone No.
I authorize the use and disclosure of health information about me as described below: **		
Facility Authorized to Release my Health Information:		
Agency or Individual(s) Authorized to Receive my Health Information: ADVANCED FAMILY MEDICINE CLINIC 131 EAST REDSTONE AVENUE SUITE 104 CRESTVIEW, FLORIDA 32539 PH:850-423-0761 FAX:850-423-0739		
Health Information that may be used / disclosed is limited to the following:		
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Operative Note(s)	<input type="checkbox"/> Imaging/X-ray
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Lab
		<input type="checkbox"/> Entire Record
Health Information that may be used / disclosed is limited to the following Treatment Dates:		
Health information to be released to the above named agency / individual is to be used / disclosed for the following purpose(s) (include Research or Marketing, if appropriate):		
"Health Information" identifies you (the patient) by name, and includes other demographic information about you. "Health Information" may include, but is not limited to: medical records, x-ray films, slides, tracings, strips, etc.		
I hereby discharge the releasing facility, its agents and employees from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information authorized herein, to include alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.		
I understand further use or disclosure of the authorized information by the above named agency / individual may not be accomplished without my further written authorization. If research-related Health Information is used or disclosed for continued research purposes, an expiration date or event does not apply.		
This authorization will automatically <i>expire 60 days</i> after the date below (except as indicated above), unless an earlier date is specified, or at the conclusion of a specified event. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.		
Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the Health Information Portability Accountability Act prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.		
NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.		
Patient's Signature or Authorized Party	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Relationship to Patient	Interpreter, if utilized	
Witness' Signature	Expiration Date or Event	

** There may be a charge for copying Medical Records.

Authorization to Use and Disclose Protected Health Information

These are just some of the tactics that insurance adjusters will use to reduce their payments to an accident injury victim. Don't let the insurance company take advantage of you. Contact an experienced personal injury attorney with your questions.

To schedule your free consultation,
[contact Castle Law Office](#) at **816-283-0303**.