

PERSONAL INJURY NOTIFICATION FORM



This form is to be completed by a patient (or guarantor) when injuries were caused due to the fault of a third party and led to medical expenses being incurred.

Please complete and send us this form using one of the contact options at the bottom of the page.

Third party name: _____

Third party address: _____

Date of incident: _____

Description of incident: *Please explain in detail; include dates, names and attach documents, letters, police report.*

Other information: *Please provide any other details; current situation, lawyer's contact details etc.*

IMPORTANT - Please also provide:

- Copies of any emails or letters, or the details of any conversations with the third party.
- The completed "Release of protected information form", allowing OVAG to discuss this matter with the third party.