



All net proceeds support hospital programs.

Oakville Trafalgar Memorial Hospital

3001 Hospital Gate
Oakville, ON L6M 0L8
Tel: (905) 845.9540
Fax: (905) 815.5109

Milton District Hospital

7030 Derry Road
Milton, ON L9T 7H6
Tel: (905) 876.7022
Fax: (905) 876.7005

Georgetown Hospital

1 Princess Ann Dr.
Georgetown, ON L7G 2B8
Tel: (905) 873.4598
Fax: (905) 873.4567

AUTO INSURANCE INFORMATION SHEET

Date of Accident: _____

Name of Auto Insurance Co.: _____

Address: _____

Name of Adjuster: _____

Phone #: _____ **Fax #:** _____

Policy #: _____ **Claim #:** _____

Name of Policy Holder: _____

DO YOU HAVE EXTENDED HEALTH COVERAGE? YES [] NO []

If yes, please indicate name of insurance company: _____

If you have extended health coverage, either your own or through your spouse, they are considered your primary insurance carrier and will be billed first.

Please provide the Administrative Assistant with a completed, signed claim form, which can be obtained from you or your spouse's employer.

The invoice will be submitted directly to your extended health carrier. When you receive payment, please bring it, along with the explanation of benefits, directly to the Work-Fit office. The invoice will then be submitted to the auto insurance company, who will pay the difference.