

Accident Report Form



Provider Information		
Transportation Provider Name	Provider's UMPI	Owner's Name
Phone Number	Fax Number	Email Address
Name of Auto Insurance Co.	Insurance Policy Number	Auto Insurance Phone Number
Auto Insurance Agent Name	Date of Insurance Coverage	Proof of Insurance (Include copy)

Member Information		
Member Name	Member ID	BlueRide Authorization Number

Accident Information		
Date of Accident	First Name of Driver	Last Name of Driver
Vehicle Description	License Plate of Vehicle	MN Driver's License Number
Time of Accident	Address of Accident	City, State and Zip of Accident

Passenger(s) Name	
1.	2.
3.	4.
5.	6.
7.	8.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Accident Information (continued)

How Many Vehicles Involved in the Accident	Did the police get dispatched?	Police Report Number if available

Detailed Description of the Accident

Medical Care

Did Anyone Require Immediate Medical Care?	Was an Ambulance Dispatched?

Injured Party Name	
1.	2.
3.	4.
5.	6.
7.	8.

Contact Name	Contact Phone Number	Date

Please return the completed request to BlueRide.

Email: Transportation.Liaison@bluecrossmn.com.

Completed forms must be sent to BlueRide within 24 hours of the accident occurrence.

Signature

Date