

LURLEEN B. WALLACE COMMUNITY COLLEGE

**RECOMMENDATION FOR DISPOSITION OF CLAIM FOR UNINSURED MEDICAL COSTS OR
PERSONAL PROPERTY DAMAGE ON INSTITUTION PROPERTY.**

(MUST BE COMPLETED WITHIN 60 DAYS OF CLAIM FILED)

Upon review of the attached claim and the facts surrounding said claim, it is recommended that (Name of College) take the following action:

- Pay full amount of claim.
- Pay partial amount of claim.*

Indicate amount and reason for partial payment:

- Deny payment of claim.*

State reason for denial of claim:

Recommended by:

Name (please type/print) Title (please type/print)

Signature Date

Approved:

Signature of President Date

TO BE COMPLETED BY BUSINESS OFFICE			
Payment Date:		Check No.:	

***If claim is partially paid or denied, the college must advise claimant of availability of further investigation and adjudication by the Alabama State Board of Adjustment and must provide claimant with appropriate forms and procedures for filing a claim with the Alabama State Board of Adjustment.**

LURLEEN B. WALLACE COMMUNITY COLLEGE

CLAIM FOR UNINSURED MEDICAL COSTS OR PERSONAL PROPERTY DAMAGE ON INSTITUTION PROPERTY.

1. Name of Claimant: _____

2. Mailing Address of Claimant: _____

3. Home Telephone Number: _____

4. Business Telephone Number: _____

5. Date of Accident or Injury: _____

6. Where did injury or damage occur? _____

7. Statement of Facts (attach accident/incident report):

8. Is this claim made for :

A. Uninsured Medical Expenses? Yes No

Was this an on-the-job-injury? Yes No

Amount: \$ _____

Do you have insurance? Yes No

All medical expenses must be submitted to your insurance company. Attach documentation to support the amount claimed, such as itemized bills and insurance company statement(s) showing the expenses that have been filed and the amount paid or payable by insurance.

B. Permanent Disability? Yes No

Amount: \$ _____

Describe: _____

Attach detailed statement by doctor or vocational expert describing extent of disability.

C. Damage to personal property? Yes No

Amount: \$ _____

Attach bills, receipts, etc. to substantiate amount claimed. If automobile, attach two estimates of repair costs.

Describe property: _____
(year/make/model of vehicle, watch, eyeglasses, clothing, etc.)

Do you have insurance that would cover all or part of the damage? Yes No

Amount of Coverage: \$ _____ Deductible \$ _____

Have you filed for coverage to which you are entitled under your policy? Yes No

D. Miscellaneous/Other expenses? Yes No

Amount: \$ _____

Explain: _____

Attach documentation to substantiate.

TOTAL AMOUNT CLAIMED (Combine A/B/C/D): \$ _____

No part of this claim has been assigned by me and no amount has been paid to or received by me in payment for any damages/injury complained of herein except as set out as follows: (list amounts received from insurance or any other sources)

Signature of claimant: _____ Date: _____