



## Recovery Questionnaire Responses

Quick LinkSubrogation & Recovery FAQs

Confused? Call us at: 1-800-645-9785 We have your answers - Thank You For Submitting Online! Below is a summary of your submission:

••• Information from Recovery Questionnaire.

Policy Holder Jon G Bjornstad

Name John G Bjornstad

Patient Name Jon G Bjornstad

CCN 39078549

Email jon@logicalpoetry.com

Day Phone 415-246-6499 contact me here

Evening Phone

**YES** - another person, employer or insurance company may be responsible for the payment of medical services.

..... General Accident Information

Accident Date 11/21/2013

Accident Redwood Shores Parkway, 0.1 miles S of Twin Dolphin Drive, Redwood Location City, CA

I assumed the driver would stop at the stop sign in front of the crosswalk. He did not and we collided in the crosswalk.

...... Who was injured in your family?

myself

Severe contusions to right hip, buttock and lower back.

Redwood City, CA

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.... Do you have an attorney?
                                       yes
...... Has Settlement been reached?
                                        no
    Settlement
         Date
    Attorney's
               Matthew Haberkorn
        Name
      Address P.O. Box 7474,
City, State, Zip Menlo Park CA 94025
        Phone 650-268-8378
.... Selected type of Accident
                              Motor Vehicle Accident
..... Motor Vehicle Accident
       Single
   Vehicle /
               single
     Multiple
    Vehicle?
    Was the
       other
               yes
   person at
       fault?
       Has a
 settlement
               no
        been
   reached?
Responsible Person's insurance information
       Driver Harold Kinoshita
 Policy Holder Tina M. Kinoshita
    Insurance
               Mercury Insurance
    Company
      Address P.O. Box 997195
City, State, Zip Sacramento CA 95899
    Claim No. 2013 0015 006821-29
     Adjuster unknown
        Phone 800-827-1570
```

••• Vehicle in which patient was a driver or passenger

Insurance Co. I was on a bicycle

Phone Number 415-246-6499

Claim or Policy Number

## Confidentiality Notice:

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Meridian Resource Company, LLC. has signed the necessary "Business Associates" agreement with your health carrier in order to share certain information regarding your healthcare. As mandated by HIPAA, only the minimum necessary information required for Meridian to carry out its contractual obligation is shared. Meridian is committed to following established confidentiality practices to protect health information in accordance with the HIPAA regulations.

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