

Anoka County Claims Process

Please read the below directions carefully to ensure faster claims service. In order for the County to investigate and determine your claim, it is necessary that you answer all questions fully and attach all supporting documents (receipts, repair estimates, reports filed with your insurance carrier etc.) to the attached Claim Questionnaire.

For your information:

- Anoka County will not reimburse you for your time and expense for photos.
- Anoka County will not reimburse you for time and expense for obtaining estimates, unless the County authorized it in advance in writing.
- If the claim involves a County vehicle, we will need either a license number or unit number and location of that vehicle at the time of the claimed incident.
- The claim must be based on negligence of the part of the County.

Filing a claim:

- Fill out the attached claim questionnaire form and return by mail to Anoka County, Risk Management Claims, 2100 Third Ave, Suite 300, Anoka, MN 55303.
- Include all proof necessary to show negligence by the County of Anoka. The County may deny any claim where the claimant cannot prove negligence by the County.
- Attach all receipts, bills, estimate and other documents.

Investigation:

- Risk Management staff will acknowledge receipt of your claim.
- Risk Management claims staff will research your claim and recommend payment or denial.
- If you have any questions, please call 763-324-1755.

Appeals:

- If the claims staff denies your claim, you may appeal by written request to the Claims Review Team at Anoka County, c/o Risk Management- Claims Review Team, 2100 Third Ave, Anoka, MN 55303.
- You may also pursue a remedy in court depending upon the nature of your claim.

WARNING: The State of Minnesota requires us to inform you that a person who submits an application or files a claim with intent to defraud or help commit a fraud against the Insurer/County is guilty of a crime.

CLAIM QUESTIONNAIRE

Important: To thoroughly investigate and process your claim, Anoka County requests that you provide the following information outlined below. Attach any additional pages and exhibits to this form that you think are necessary. Please return to Anoka County Risk Management Office, Government Center, 2100 Third Avenue, Suite 300, Anoka, Minnesota, 55303. If you have questions, call (763) 324-1755.

A. Time and place of incident:

Date: _____, 20____ Hour: _____ . M.

Place: _____
(Address/Street)

_____ (City/Town) _____ (State)

B. Claimant Information

Name: _____ Date of Birth: _____

Address: _____

Telephone No.: _____

Occupation: _____

Employer: _____

Employer's Address:

Dates of work missed due to injury:

C. Claimant's Injuries (Complete enclosed Authorization for Release of Medical Information and attach any medical bills and statements.)

Describe injuries: _____

Emergency Hospital: _____
(Name)

Treated by: _____
(Name)

Present treating physician: _____
(Name)

Address: _____

Dates of treatment: _____

List prescribed medications:

Is future treatment required? _____ Yes _____ No

If yes, list future treatment required:

D. Damage to Claimant's Property (attach two estimates or cost of repairs or receipt of damaged property)

Describe damage: _____

E. Witnesses to Incident (Use back of form if necessary for additional witnesses.)

Name: _____

Address: _____

Telephone number: _____

Name: _____

Address: _____

Telephone number: _____

F. **Tell what happened in your own words:** _____

G. **Please explain in detail the basis of any claim that Anoka County is liable for the injuries or damages sustained:**

H. **Have you been to the above location of incident prior to the date of the incident? If so – please explain how often?**

I. **Have you submitted this claim to your/other insurance? Yes No If yes, please provide name and policy number: -**

I HEREBY MAKE A CLAIM FOR THE SUM OF \$ _____.

I, _____ (print the name of the claimant) hereby certify that the above statements and claim made by me are true. **I understand that a person who submits a claim with intent to defraud or helps to commit a fraud by misstating, or failing to disclose any material fact is guilty of a crime and subject to punishment provided by law;** That the amount claimed is reasonable, and that I have not received/collected compensation from any other party for damages claimed above.

Date of Report

Signature of Claimant

Witness