216 N. Chestnut Street
Lansing, MI 48933
Phone: (517) 882-1096
mlevandowski@cpan.us

Admire Reporting Form

Reset Form | Print

This form was designed to help identify those auto accident patients whose auto no-fault PIP benefits claims have been negatively impacted by the recent court decision in Admire vs. Auto Owners.Please take the time to provide as much detail as possible. You may complete this form online and email it to CPAN or print off, complete this form, and mail to the CPAN Office at the address above.

Section 1 – Patient Information

Name: _____
(If you wish to remain anonymous, please create a code name)

Address: _____

City: _____ Zip Code: _____

County: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Section 2 – Provider Information

Name of Case Manager: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Name of Primary Treating Physician: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Name of Current Attorney: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Section 3 – Insurer Information

Name of Auto No-Fault Insurance Company: _____

Claims Office Location: _____

Name of Insurance Claims Adjuster: _____

Is this a case that involves the Michigan Catastrophic Claims Association? ☐ Yes ☐ No

Admire Reporting Form

Section 4 – Injury Information

Date of Injury: _____

Nature of Injury (check all that apply):

- ☐ Spinal Cord Injury (i.e. quadriplegic/paraplegic)
- ☐ Brain Injury
- ☐ Orthopedic Injuries
- ☐ Internal Injuries
- ☐ Other _____
- ☐ Amputation
- ☐ Vision Impairment
- ☐ Hearing Impairment
- ☐ Burns

Please describe the extent of all injuries/disabilities (please attach separate page(s) if you need additional space):

Section 5 – Admire Problem Information

Please check all that apply:

- ☐ Transportation/Motor Vehicle
- ☐ Home Accommodations
- ☐ Institutional/Facility Living
- ☐ Other _____
- ☐ Medical Equipment
- ☐ Medical Care
- ☐ Attendant Care

Please describe the problem in detail (please attach separate page(s) if you need additional space):

CPAN | 216 Chestnut Street | Lansing, MI 48933 | Phone: (517) 882-1096 | mlevandowski@cpan.us

Admire Reporting Form

Section 6 – Legislator Information

Name of your State Representative: _____

Name of your State Senator: _____

Section 7 – Miscellaneous Information

Name and status of person completing this form: _____

☐ Self ☐ Caregiver ☐ Family Member ☐ Other

Date form completed: _____

Have you received correspondence from your auto no-fault insurance company regarding this problem?

☐ Yes (If you answered yes, please attach copies.)

☐ No

May we share this information with the following:

CPAN Admire Task Force	☐ Yes	☐ No
The News Media	☐ Yes	☐ No

May we call you directly? ☐ Yes ☐ No

Comments (please attach separate page(s) if you need additional space):

Signature _____
(not required if completed online)

Printed Name _____
(not required if completed online)

CPAN | 216 Chestnut Street | Lansing, MI 48933 | Phone: (517) 882-1096 | mlevandowski@cpan.us