



**MIDWEST PHYSICAL THERAPY AND SPORTS CENTER
AUTO OR ACCIDENT BILLING INFORMATION**

Please print clearly. To insure that the proper parties are billed- please answer the following questions. Thank you!

Patient's name: _____ **Account#:** _____

Date of injury: ____ / ____ / ____ Type of injury: _____

Health Insurance name: _____ Health insurance card(s) copied

Complete this section only for motor vehicle accidents:

Patient's Auto Insurance Carrier: _____

Has this accident been reported to this insurance company? Yes No

Billing Address: _____

Claim#: _____ Adjuster's Name: _____

Phone#: (_____) _____ Fax#: (_____) _____

Other Vehicle Auto Insurance Carrier: _____

Has this accident been reported to this insurance company? Yes No

Billing Address: _____

Claim#: _____ Adjuster's Name: _____

Phone#: (_____) _____ Fax#: (_____) _____

Driver/Insured's Name: _____

Was an accident report filed? No Yes , where? _____

(Please attach a copy of the report if the accident occurred outside Lincoln, NE.)

Were you (circle one): Driver Passenger Pedestrian Other: _____

Complete this section only for property (non-motor vehicle) accidents:

Insurance Carrier for the Property Where the Accident Occurred: _____

Has this accident been reported to this insurance company? Yes No

Billing Address: _____

Claim#: _____ Adjuster's Name: _____

Phone#: (_____) _____ Fax#: (_____) _____

What were you doing at the time? _____

ATTORNEY INFORMATION:

Business card copied

Law office name: _____

Attorney name: _____ Phone: _____

Address: _____ Fax: _____

PLEASE SEE REVERSE FOR OUR POLICY ON BILLING AUTO AND OTHER ACCIDENTS



MIDWEST PHYSICAL THERAPY AND SPORTS CENTER

POLICY FOR BILLING AUTO ACCIDENT CLAIMS

It is our policy to bill auto accident claims to the insurance companies involved in the following order:

- 1) Patient's auto insurance, commonly referred to as "med pay".
- 2) Other driver's auto insurance if different than the patient, known as "liability" or "third-party" insurance.
- 3) Patient's health insurance.

At the time you begin therapy, we will obtain all of the above information, and bill insurance companies in this order. If you do not have health insurance, or do not provide us with the necessary health insurance information, it is our policy to consider you a "self-pay" patient, which includes making partial payments toward your treatment at the time of each visit. If this applies to you, you will be provided with a copy of our "self-pay" guidelines.

We will not bill your health insurance unless there is formal documentation that your auto insurance med pay has been exhausted and/or third party auto insurance has denied responsibility and litigation is in process. If there has been no payment from auto insurance nine months after your last treatment date, or at the time your total bill reaches \$5,000, we will bill your health insurance.

If your health insurance is billed, any deductibles, coinsurance or copays that apply will become your responsibility and these amounts will be due within 30 days.

POLICY FOR BILLING OTHER ACCIDENTS

It is our policy to bill claims for accidents other than auto to insurance companies in the following order:

- 1) Liability insurance where accident occurred.
- 2) Patient's health insurance.

At the time you begin therapy, we will obtain the above information, and bill insurance companies in this order. If you do not have health insurance, or do not provide us with the necessary health insurance information, it is our policy to consider you a "self-pay" patient, which includes making partial payments toward your treatment at the time of each visit. If this applies to you, you will be provided with a copy of our "self-pay" guidelines.

We will not bill your health insurance unless there is formal documentation that liability insurance has denied responsibility and litigation is in process. If there has been no payment from liability insurance nine months after your last treatment date, or at the time your total bill reaches \$5,000, we will bill your health insurance.

If your health insurance is billed, any deductibles, coinsurance or copays that apply will become your responsibility and these amounts will be due within 30 days.