



MOTOR VEHICLE ACCIDENT CASES

ASSIGNMENT OF BENEFITS

I request that payment under the medical insurance program be made to Starr Spine Physical Therapy and Wellness for physical therapy services and equipment provided to me. I authorize Starr Spine Physical Therapy and Wellness to release any information needed for this claim to the necessary carriers or their intermediates. I also request that a copy of this authorization be used in place of the original.

STATEMENT OF CONFIDENTIALITY

I authorize the release of necessary medical information to Starr Spine Physical Therapy and Wellness for the purposes of processing this or any related insurance claims. I also give Starr Spine Physical Therapy and Wellness the authority to make available any requested documents contained in my file to myself and/or other health care providers involved in the treatment of my condition.

AGREEMENT

I acknowledge that I am fully responsible for the payment of any services or equipment provided to me by Starr Spine Physical Therapy and Wellness. I understand that when Starr Spine Physical Therapy and Wellness submits a claim for billed charges to the responsible insurance payor or health plan(s) on my behalf, I am not relieved of my financial responsibility for payment. In the event that the responsible insurance payer, health plan, or third party payor does not pay the entire billed amount, I agree to pay any applicable balance.

By my signature below, I acknowledge and accept the terms and conditions stated above.

PATIENT NAME: _____ **Date:** _____

CLAIM NUMBER: _____

PATIENT SIGNATURE: _____ **Date:** _____

Patient or guardian if under 18 years of age

MVA COVERAGE & AUTHORIZATION INFORMATION

PATIENT NAME: _____ DOB: _____ DATE: _____

MVA DATE: _____ TIME: _____ MVA REPRESENTATIVE: _____

LIABILITY INFORMATION

DOES RESPONSIBLE AUTO INSURANCE PAYOR ACCEPT LIABILITY FOR MVA? YES/NO

COMMENTS:

BILLING INFORMATION

AUTO INSURANCE COMPANY: _____

CLAIM NUMBER: _____

ADJUSTER NAME: _____

ADJUSTER PHONE #: _____ FAX #: _____

BILLING ADDRESS: _____

DOES LIABLE AUTO INSURANCE PAYOR AGREE TO PAY FOR AUTHORIZED PT SERVICE AS CHARGES ARE INCURRED? YES/NO

LEGAL REPRESENTATION INFORMATION

ATTORNEY NAME: _____

ATTORNEY ADDRESS: _____

ATTORNEY PHONE #: _____

WILL Starr Spine PT & Wellness RECEIVE DIRECT PAYMENT FOR PT SERVICES? YES/NO

BACK-UP PAYOR INFORMATION

SECONDARY (MED PAY) PAYOR: _____ ID #: _____

**DOES PATIENT HAVE MEDPAY (i.e. medical expenses coverage) ON THEIR MVA POLICY?
YES/NO**

ALTERNATE (PRIVATE INS) PAYOR: _____ ID #: _____

PATIENT RECEIVED MVA BILLING POLICY: YES/NO

PATIENT SIGNED & DATED ASSIGNMENT OF BENEFITS AGREEMENT: YES/NO

ADDITIONAL COMMENTS:

MOTOR VEHICLE ACCIDENT BILLING POLICY

Dear Patient:

Thank you for choosing Starr Spine Physical Therapy and Wellness for your physical therapy treatment. We prefer to bill third party insurance companies directly for PT services rather than through an attorney's office yet you have options. Experience has shown that direct billing to the liable auto insurance payor results in more timely, efficient reimbursement. Direct billing also limits attorney fees and limits reductions in billing reimbursement rates for Starr Spine Physical Therapy and Wellness. **Or** *As the patient receiving treatment, you are responsible to make sure the medical bills are properly submitted and paid by insurance, although, your personal injury attorney should assist in the submission of these bills.* Please let us know at the first appointment of your choice.

Your physical therapy treatment and rehabilitation are our primary focus while at Starr Spine Physical Therapy and Wellness. We recognize that regular and consistent treatment in conjunction with patient compliance with your physical therapy plan of care will expedite your return to function and aid in settlement of your MVA claim. If you have retained an attorney, we will fully cooperate with any attorney requests for billing and treatment documentation.

Starr Spine Physical Therapy and Wellness expects prompt and timely payment of treatment and supply charges as they are incurred. We will provide the liable automobile insurance payor and your attorney (if applicable) with all billing claims and treatment notes related to your physical therapy treatment.

Please contact our billing department with any questions regarding the status of your automobile claim as it relates to payment of your physical therapy treatment and payment for services provided.

Thank you,

Charles L. Starr

Charles Starr, Owner, Physical Therapist

Starr Spine Physical Therapy and Wellness, LLC
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