***Worker’s Compensation***

Patient’s Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adjuster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization required? Yes No Do claims need to be submitted on C4 form? Yes No

Frequency & Duration approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address for Claims: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Services Are Provided To All Persons Regardless Of Race, Color, National Origin, Gender, Handicap or Age.*

***PATIENT RESPONSIBILITIES:***

We urge you to confirm the above information with your carrier, as you will ultimately be responsible for any deviations from the insurance benefit information the clinic has received.

Patients are also required to provide complete and accurate information regarding their insurance plan. If complete information is not received or all information is not accurate the account will be transferred to SELF PAY status and the patient will be bill for all services rendered.

If you have sustained an injury during the course of your employment, and the responsible workers' compensation insurer approves the claim, we will bill the appropriate insurer for your treatment. To aid us in this regard, we request that at the time of your first visit you provide us with your claim number and any other relevant information such as your social security number, etc. If the claim is not approved at the time of your first visit, we request that you provide us with your commercial health insurance information as well. Supply items such as brace, pillows, etc. may be covered under workers' compensation; however, unless you provide us with a prescription or approval letter, we will ask you to pay for supplies when received so that you can seek reimbursement.

If your workers' compensation claim is denied, we will then submit our fee bills to your commercial health insurance, if you have it. If your workers' compensation claim is denied, there is no guarantee that a commercial health insurer will pay these amounts when due, or that a commercial health insurer will pay for all treatments performed or materials supplied. If your workers' compensation claim is denied, and there is a balance due on your treatment account after billing your commercial health insurer, you will ultimately be responsible for the payment of any balance.

In the event that your worker's compensation claim should be involved in litigation, any outstanding balance on your account would be your responsibility if your workers' compensation claim is ultimately denied. Our policy is not to await settlement of litigation cases for payment of an account balance. However, at our discretion, if you are represented by an attorney, you may be able to place your account in a pending status if your attorney agrees to guarantee the payment of any balance due on your account out of a settlement.

We want to help you to take care of your therapy bill. If you should have any questions concerning our billing policies, please contact our Administration office.

I have read and understand the above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date Witness**