

## MOTOR VEHICLE ACCIDENT (MVA)/PERSONAL INJURY POLICY

You have 3 options as to how you would like us to bill your MVA/personal injury case. The method of payment must be determined at the beginning of treatment and all information must be available by the second visit. Thank you for your cooperation.

1) *We can bill your automobile/homeowner's insurance under the "Med-pay" portion of your coverage*

All automobile insurance policies contain a med pay portion, which is responsible for paying medical bills associated with injuries sustained in accidents. This includes physical and occupational therapy. Using this option will not raise your rates if you were not at fault. Your insurance company is responsible for recovering these payments from the party-at-fault's insurance company at the end of your treatment. This is the most efficient way to pay your therapy bills. Please note: your med-pay will pay *only* up to the dollar limits of your policy. Medical bills may exceed these charges. You will be responsible for any charges that exceed your policy limits.

2) *We can bill the party-at-fault's automobile/homeowner's insurance under the "Med-pay" portion of their coverage*

The party-at-fault most likely also has a med pay portion of their automobile insurance and has given you their insurance information at the scene of the accident. We will bill their automobile insurance company directly. In the event that their (the PAF's) med pay has reached its maximum or an attorney is involved, payment may be delayed. This may cause your account with Therapy Specialists to be placed in collection.

3) *We can bill your health insurance.*

Your health insurance is required to pay your medical bills according to your policy provisions. The insurance company will ask you if this injury was caused by an accident and you must answer truthfully. They will then ask you to sign a **subrogation agreement** before they will pay any claims. This agreement means that you will reimburse your health insurance company for any monies they pay for treatment when your case settles. Please keep in mind that you are responsible for any deductible or co pays at the time of service.

I have read the above stated policy and understand my options. \_\_\_\_\_  
Signature

I have not retained an attorney regarding this incident. \_\_\_\_\_  
Signature

I have retained an attorney regarding this incident.

Attorney Name	Phone
Address	Fax
City, State, Zip	

**THIS PRACTICE DOES NOT ACCEPT LETTERS OF PROTECTION**