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**Office Policies and Procedures for Patients with Personal Injury Claims**

The following is provided to help you better understand our billing procedures and the processing of personal injury compensation cases at our clinic. We hope that this will clarify some of the important points and help avoid any confusion. As you read through, please initial after each paragraph verifying that you understand the contents of each.

On your first visit, you will need to supply our office with your own health insurance information, together with the following “third party” information:

1. **If this is an automobile accident related matter:**

 1. Your own automobile insurance company’s name or that of the automobile in which you were a passenger; together with the address, claim numbers, adjuster(s), and telephone number which may be available.

 2. The name(s), address(es) and phone number(s) of any and all other drivers involved in the accident; together with any claim numbers, adjusters names, and telephone numbers which may be available.

**B. If this is a Worker’s Compensation related injury:**

 1. The name(s), address(es), and telephone number(s) of any applicable employer(s).

 2. The name of the adjuster, claim number, company name, and address of any applicable workers compensation insurer.

If your treatment is related to an automobile accident, in most cases we will bill your automobile insurance company first to seek payment under any available medical pay coverage on the policy. Medical payment is non-fault health insurance coverage within your auto insurance policy. If all benefits have been exhausted from your medical payment coverage, then we will bill any health insurance company which may have provided coverage. In most situations, we will also notify any negligent driver’s insurance company of the outstanding charges even though those insurance companies do not often make payment directly to our office unless there is an ultimate settlement or jury verdict. It should be noted that many health insurance companies will not provide coverage until all of your medical payment coverage is exhausted and/or they receive notification that the negligent driver’s insurance company will not be immediately making any payments.

In many cases where a negligent party’s insurance company may owe you money for your injuries, our office will ask you to consider signing an Assignment of Benefits or “lien” form. This form is intended to provide notification to third payors that you are requesting that they directly reimburse this office for any of your outstanding treatment charges from any total settlement or jury verdict. These assignment forms are also commonly mailed to any attorney you may retain in your automobile or workers compensation claim. This form is an important legal document which basically assigns or transfers your right to be reimbursed for all of your chiropractic treatment expenses to this office so that this office can promptly provide care in the expectation of receiving payment from you, your attorney, or the third party insurer(s) at a later date when the claim is resolved.

While we wait for payment from a third party or such party’s insurance company, you may be asked to make good faith payments of at least $\_\_\_\_\_\_\_\_\_\_\_\_\_ per month for the remainder of your treatment or until payments are made directly to this office by a third party or insurer. Such payments shall be applied to your outstanding balance for treatment expenses, including any deductible or co-pay related charges which have already been billed to your health insurance. Such good faith payments shall not be regarded as a waiver of your obligation to pay such deductible and co-pay payments. In the event that a third party pays or otherwise reimburses this office for charges which have already been paid by you, your medical pay coverage, or health insurance, we will promptly refund any such over-payment of good faith payments to you, without interest. Payment arrangements can be set up with the billing staff, but must be done immediately to avoid future problems.

It is imperative to follow the treatment plan recommended to you by your doctor. Your treatment plan is designed to speed the healing process and avoid or minimize any permanent injury. Many insurance companies conduct evaluations or other types of reviews of your injuries and our treatment and may base their decisions on payment to this office upon such reviews. There may be situations where the insurers discontinue payment for your treatment even though your doctor recommends continued treatment. It is common for many insurance companies to deny coverage for supplemental items such as nutritional supplements, pillows, and other support items. In such an event, you may have the right to challenge your insurance company’s determination to discontinue payment. The determination by any insurance company will not affect your doctor’s obligation to follow a reasonable and necessary treatment plan for the overall care of your injuries. The insurance company will review your case and monitor your progress and compliance on a regular basis.

Often legal services are not necessary, but if you are having difficulty with the responsible party or the insurance company, we suggest that you retain an attorney. Good attorneys, like good doctors, are best found by referrals. We are able to provide you with a referral, if you so desire. Despite such referral, you are free to consult with any attorney of your own choosing and this office makes no representation or warranties as to the effectiveness of any referral attorney. In the event that an attorney is or will be retained, we will need the attorney’s name, address, and telephone number. It is also imperative that you promptly advise this office in the event of any settlement or final adjudication of your claim.

Finally, it is important that you understand that you will remain exclusively responsible for all charges related to your treatment regardless as to whether an assignment form is signed or claims for insurance coverage are made. As such, your account balance should remain current under suitable payment arrangements. You will periodically receive billing statements and are always entitled to review your account balance at any time by contacting our office staff. Please promptly notify us of any objection or concern relating to your treatment or charges for services. Failure to timely and appropriately make suitable arrangements for payment of your account balance may entitle your treating doctor to withdraw from further treatment.

**The undersigned as patient or legal guardian/parent of a minor/incompetent party hereby acknowledges that he/she has read and understood all of the procedures described above and is otherwise voluntarily and knowingly agreeing with all of the policies and procedures described in this form after having had a complete opportunity to consider such** **matters.**

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

Adult/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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