TRI LAKES PHYSICAL THERAPY

AUTO ACCIDENT INFORMATION

If you have suffered an auto accident, you have probably discovered that most physicians and health care providers are reluctant to take on auto accident injuries. These cases represent a certain amount of risk for a provider, as claim payment can be delayed for months or years while awaiting settlement, or even be unpaid altogether if the case is not strong enough. At Tri-Lakes, we are willing to await payment from your auto insurance medpay, a third party payer, or even settlement through your attorney. We do, however, request that you keep us informed regarding your claim/case, and please address all information requested below. If you do not have this information with you, our front desk staff will let you use a phone to gather it.

We do ask that you make a low, monthly payment of $10, as a good-faith payment. This serves as a way of assuring our office that you are still actively pursuing your claim/case, and you have kept your treatment in our facility in mind during any settlement.

Date and Time of Accident _____ Were you at fault in the accident? _____

Information Regarding Your Insurance Coverage

Even if the accident was not your fault, we do require this information. In many cases, your auto coverage will pay medical bills, and then be reimbursed by the at fault party's insurance.

Company _____ Claim # _____

Phone # _____ Your Agent _____

At Fault Party Insurance Coverage (if applicable)

At fault party's name _____ Company _____

Claim # _____ Phone # _____

Legal Representation

If you have already attained an attorney to assist you with this claim, please give us their information below. If you know who the opposing attorney is, please give us that information as well.

Attorney _____ Opposing Attorney _____

Phone # _____ Phone # _____

Your Health Insurance Coverage

In some cases, we are requested by either the patient, attorney, or auto insurance to submit our claims to a patient's health insurance first. If you have health insurance, please give us that information below.

Company _____ Group # _____

Phone # _____ Member # _____

LIEN AGREEMENT/LETTER OF PROTECTION

I, _____, hereby grant a lien to Tri-Lakes Physical Therapy, Inc. upon any settlement claim or judgment claim as a result of an accident/illness occurring on _____. I authorize and direct my attorney and/or insurance company to pay directly to Tri-Lakes Physical Therapy, Inc. any and all sums due for services rendered to me and to withhold such sums owed to Tri-Lakes Physical Therpay, Inc. from any settlement or verdict as may be necessary to adequately protect Tri-Lakes Physical Therapy, Inc. I agree to have all my attorneys, whether currently retained or retained in the future, execute this document and agree to be bound by the terms contained herein until Tri-Lakes Physical Therapy, Inc. has received payment in full.

I understand that I am directly responsible for any and all charges submitted by Tri-Lakes Physical Therapy, Inc. and that this agreement is for the protection of Tri-Lakes Physical Therapy, Inc. and in consideration of its awaiting payment.

_____ _____

Signature Date

_____

Patient Address