

MVA ELIGIBILITY CHECK-LIST AND FINANCIAL POLICY

Northwest Integrative Medicine ~ 284 Central Way, Kirkland, WA 98033

Patient Name: _____ **Today's Date:** _____
Date of injury: _____ Time of injury: _____
Name of YOUR Car Insurance Company: _____ Claim# _____
Have you reported your accident to your insurance company? _____ Policy # _____
Name of who is "INSURED" _____ Relationship to you: _____
Name of YOUR claims adjuster: _____ Phone: _____
Insurance Claim Address (for bills): _____
City: _____ State: _____ Zip: _____
Do YOU have Personal Injury Protection (PIP) benefits? _____ "PIP" Limit Amounts \$ _____
Location/Address of Accident: _____ City _____
Did the police come to the accident? _____ Did you fill out a police report of the Accident? _____
Name of Attorney: _____ Phone _____
Address: _____ City: _____ Zip: _____
Name of the other Driver involved in the accident: _____ Phone _____
Their address: _____ City: _____ Zip: _____
Other drivers Car Insurance Company: _____ Claim# _____
Name of the other's insured Claims Adjuster: _____ Phone _____

FINANCIAL POLICY

As a patient of this office, you are directly responsible for all charges incurred. If your car accident claim is denied you are fully responsible for prompt payment. If your PIP cannot be verified as open and payable, you will be required to pay cash for your visit(s). All supplies/supplements must be paid for before leaving the office; if your PIP does pay, we will promptly reimburse you. If your PIP is maxed, we will bill your health insurance. If your case is accepted on a lien basis, you will be required to pay a minimum of \$20 per visit until your claim is settled. If you refuse to sign below, you acknowledge that you will be required to pay at the time of your visit(s).

HIPAA Notification & Authorization to Release Information: I hereby authorize the office of Northwest Integrative Medicine to release necessary information to file a medical lien to secure payment for care received from Northwest Integrative Medicine should the need arise. The information on the medical lien is made public record. It identifies the patient, their address, 3RD Party, insurance parties involved, date of accident, location of accident and gives a general medical description of conditions being treated: "Soft tissue injuries to the spine, paravertebral structures and extremities."

Print Patient/Guardian Name Signature of Patient/Guardian Date

TO BE COMPLETED BY OFFICE STAFF

VERIFICATION OF MOTOR VEHICLE ACCIDENT INSURANCE

Spoke with: _____ Phone: _____ Date: _____
Claim Adjustors Name: _____ Phone: _____ Ext: _____
Verify Date of Accident: _____ Verify Claim# _____
*Is there a PIP policy? Yes / No *Has the patient turned in the PIP application? Yes / No
*Is the PIP open and payable? Yes / No *Are they close to being exhausted? Yes / No
Has the patient been required to have an I.M.E.? Yes / No If so, with whom? _____
Mail Claims To: _____

