**Assignment of benefits**

# ASSIGNMENT OF BENEFITS

I request that payment under the medical insurance program be made to Sapphire Physical Therapy for physical therapy services and equipment provided to me. I authorize Sapphire Physical Therapy to release any information needed for this claim to the necessary carriers or their intermediates. I also request that a copy of this authorization be used in place of the original.

# STATEMENT OF CONFIDENTIALITY

I authorize the release of necessary medical information to Sapphire Physical Therapy for the purposes of processing this or any related insurance claims. I also give Sapphire Physical Therapy the authority to make available any requested documents contained in my file to myself and/or other health care providers involved in the treatment of my condition.

# AGREEMENT

I acknowledge that I am fully responsible for the payment of any services or equipment provided to me by Sapphire Physical Therapy. I understand that when Sapphire Physical Therapy submits a claim for billed charges to the responsible insurance payor or health plan(s) on my behalf, I am not relieved of my financial responsibility for payment. In the event that the responsible insurance payer, health plan, or third party payor does not pay the entire billed amount, I agree to pay any applicable balance.

By my signature below, I acknowledge and accept the terms and conditions stated above.

**PATIENT NAME: Date:**

**CLAIM NUMBER:**

**PATIENT SIGNATURE: Date:**

**Patient or guardian if under 18 years of age**

**MVA COVERAGE & AUTHORIZATION INFORMATION**

DATE: TIME: MVA REPRESENTATIVE:

PATIENT NAME: DOB: MVA DATE:

**LIABILITY INFORMATION**

**DOES RESPONSIBLE AUTO INS PAYOR ACCEPT LIABILITY FOR MVA? YES/NO**

COMMENTS:

**BILLING INFORMATION**

AUTO INSURANCE COMPANY:

CLAIM NUMBER:

ADJUSTER NAME:

ADJUSTER PHONE #: FAX #:

BILLING ADDRESS:

**DOES LIABLE AUTO INSURANCE PAYOR AGREE TO PAY FOR AUTHORIZED PT SERVICE AS CHARGES ARE INCURRED? YES/NO**

**LEGAL REPRESENTATION INFORMATION**

ATTORNEY NAME:

ATTORNEY ADDRESS:

ATTORNEY PHONE #:

**WILL SAPPHIRE PT RECEIVED DIRECT PAYMENT FOR PT SERVICES: YES/NO**

**BACK-UP PAYOR INFORMATION**

SECONDARY (MED PAY) PAYOR: ID #:

**DOES PATIENT HAVE MED PAY ON THEIR MVA POLICY? YES/NO**

ALTERNATE (PRIVATE INS) PAYOR: ID #:

**PATIENT RECEIVED MVA BILLING POLICY: YES/NO**

**PATIENT SIGNED & DATED ASSIGNMENT OF BENEFITS AGREEMENT: YES/NO**

ADDITIONAL COMMENTS:

**MOTOR VEHICLE ACCIDENT BILLING POLICY**

Dear Sapphire Physical Therapy Patient:

Thank you for choosing Sapphire PT for your physical therapy treatment. Sapphire Physical Therapy prefers to bill third party insurance companies directly for PT services rather than through attorney office. Experience has shown that direct billing to the liable auto insurance payor results in more timely, efficient reimbursement. Direct billing also limits attorney fees and limits reductions in billing reimbursement rates for Sapphire Physical Therapy.

Your physical therapy treatment and rehabilitation is our primary focus while you are receiving physical therapy treatment at Sapphire Physical Therapy. We recognize that regular and consistent treatment in conjunction with patient compliance with your physical therapy plan of care will expedite your return to function and aid in settlement of your MVA claim. If you have retained an attorney, we will fully cooperate with any attorney requests for billing and treatment documentation.

In Montana, case law requires third party insurance companies to make timely payment for medical expenses as they are incurred, when in relation to a motor vehicle accident (Ridley v. Guarantee Nat. Ins. Co., ***1997*).** Sapphire Physical Therapy expects prompt and timely payment of treatment and supply charges as they are incurred. We will provide the liable automobile insurance payor and your attorney (if applicable) with all billing claims and treatment notes related to your physical therapy treatment.

Please contact our billing department with any questions regarding the status of your automobile claim as it relates to payment of your physical therapy treatment and payment for services provided.

John Fiore, PT/owner