

AUTO ACCIDENT INFORMATION AND CONSENT

Name of client: _____ Name of insured: _____

(If not client)

Is the accident case open? YES / NO

Are funds available? YES / NO

Auto Insurance Company: _____

Claim Number: _____ Claim Adjusters Name: _____

Phone # of Adjusters: _____ Date of Injury: _____

State where injury took place: _____ Primary health insurance (in case auto
insurance doesn't cover everything): _____ Policy #: _____

I authorize the release of information to my referring physician(s) and lawyer, if needed for the motor vehicle accident.

Signature of Client/Guarantor: _____ Date: _____

-----OFFICE USE ONLY BELOW THIS LINE-----

Claim Number? _____ is pre-authorization required? YES / NO

Billing/claim address: _____

EDI Number: _____ Phone: _____

Email: _____ Fax Number: _____

How long will claims take to process? _____

Is there a 3rd party? (Which means that when payment occurs, the patient gets the money directly—NOT US): YES / NO Date insurance company called: _____ Initials: _____

If it is the 3rd party, they will deal directly with the patient and the account will be turned over to the patient responsibility or we will bill their primary insurance and we can refund later.

*Ask the patient to call the auto insurance and ask about funds available/left in case (The insurance company won't provide that information)

*By signing the NPI they are agreeing to pay any amount that's not covered by the auto insurance or primary insurance. (PLEASE EXPLAIN THIS TO THEM)

* Follow this case closely--email the billing team to put an alert in Kareo for this patient.