

THE IPSWICH CENTER

FOR PHYSICAL THERAPY



NOTICE TO WORKERS COMPENSATION AND/OR MOTOR VEHICLE ACCIDENT PATIENTS

Workers Compensation:

All information regarding your accident needs to be presented to us on your first date of service. The information needed is as follows:

- Date of Accident
- Name of Insurance Company handling your case (and address, if known)
- Claim Number
- Case Manager and/or Nurse in charge of your case with their telephone number
- Utilization Review telephone number (if known)

We will need to take a copy of your health insurance card as a “back up” in case your workers compensation denies your case. Please be advised that if you do not have health insurance and your workers compensation denies your case, **you are** fully responsible for the full balance of your account. We always contact you directly if this occurs or if there are any problems with your account. If you do not supply The Ipswich Center with the required information, we can deny service.

Motor Vehicle Accident:

All information regarding your auto accident needs to be presented to us on your first date of service. The following information needs to be provided:

- Date of Accident
- Claim Number assigned to you by the Auto Insurance company
- Your adjuster’s name and telephone number
- The name and telephone number of the Auto Insurance Company responsible in paying your bills with their address (if known)
- The name and telephone number of your attorney (if you hired one)

A copy of your health insurance card **will** be needed to process your claims. Massachusetts has an \$8,000 Personal Injury Protection (PIP) and your health insurance will be billed at some point. Please be advised that if you fail to give us the appropriate information or your auto insurance denies your claim, **you are** fully responsible for the charges on your account. If you do not have any health insurance and the auto insurance company denies your case, **you are** fully responsible for your account. There are certain protocols that need to be followed with respect to your auto accident account. If you have any questions or concerns regarding these matters, please contact our office staff; and we will be glad to assist you in any way we can.

I have read and understand the above information and agree to the terms.

Patient Name

Date