



POLINNEUROSURGERY

MOTOR VEHICLE ACCIDENT INFORMATION

Date: _____

Patient Name: _____ DOB: _____

Primary Care/Attending Physician: _____ Phone: _____

Claim#: _____

Date of Injury (DOI): _____

Attorney Name: _____ Phone: (_____) _____ Fax: (_____) _____

Adjustor's Name: _____ Phone#: (_____) _____ Fax: (_____) _____

Policy#: _____

Policy Holder's Name: _____

Motor Vehicle Insurance Company: _____

Address (Claims): _____

City

State

Zip

We require your private health insurance to be on file. In the event that your motor vehicle insurance denies your claim, we will then file to your private health insurance.

Please note, in filing to your private health insurance, this is not a guarantee of payment, your private health insurance may pend your claim for additional information from the insured. If your private health insurance pends your claim for additional information, our office will hold your account for 30 days, if your claim remains in a pended status or is denied for no response from the insured, we will then require that you clear the balance within 30 days.

If you have no private health insurance, our office requires a \$500.00 down payment prior to the initial visit. We will file to your motor vehicle insurance for you as a courtesy. If your PIP has exhausted, the down payment will be applied towards your charges. If your motor vehicle insurance pays and there is an overpayment from your \$500.00 down payment, you will be refunded the amount overpaid once treatment is complete.

Please note, that in the event of suit, our office requires regular pre-arranged payment. We do not accept lien letters, or promissory notes from Attorneys. It is important that you maintain a current account with our office to maintain future credit with our office.

“I authorize the release of my PIP ledger to the above named provider. Please fax upon completion of this request.”

Signature

Date

If you have any questions, please ask to speak to our billing department. Thank you.