

Southeast Sports & Rehabilitation

MEDPAY Information

Many people have medical benefits (MEDPAY) included in their automobile policies and don't even realize it. Our office highly recommends that you use your Medpay coverage, if you have it, in the event that you have been injured in an automobile accident, regardless of who is at fault. Consumers with coverage generally have between \$1,000. - \$5,000 worth of coverage. Here are 3 reasons why we recommend that we file your Medpay.

1. Medpay is similar to Health Insurance – Using it does not cause your rates to increase. If your rates increase, it's most likely because: a) It was determined that you were at fault, b) you received the police citation or ticket, or c) you've been involved in numerous reported automobile accidents within a brief period of time and therefore are now considered to be "high-risk".

2. Filing your Medpay does not relieve the other party from having to pay in full for your loss. On the contrary, by filing your Medpay, when you collect from the other driver's Liability insurance, a greater amount of the settlement will go directly to you because your bill at our office may be paid in full. If the other driver's Liability insurance refuses to make payment to you for whatever reason, filing your Medpay will help to insure that you are not stuck with all the medical bills.

3. If you have Medpay coverage and choose not to file it, then you are paying for an option, but not receiving any benefit.

We are not insurance experts! Please contact your insurance agent if you feel this is something you may be interested in. If after speaking to them you wish to file your Medical Payments Coverage, provide us with the claim #, adjusters name, telephone number and fax number if available. You will have to state to your insurance agent that you wish to open a claim against your Medical Payment Coverage. If you have an attorney, ask your attorney if they would like us to file your Medical Payment Coverage. If they do, follow the directions above.

Election Not to File Health Insurance Claims

To Whom It May Concern:

Upon my inquiry, the staff of Southeast Sports & Rehabilitation has advised me that the cost of my treatment may be covered in whole or part by my own health insurance. The staff has informed me that if I file on my own health insurance, I will be responsible for paying deductibles and co-payments, and these payments will be due as treatment is received. The staff has provided me with factual information regarding the various forms of reimbursement available to me and has answered my questions.

After giving due consideration to my options, I have decided that **I do not wish to file any claims on my health insurance.** I hereby instruct the staff to refrain from sending bills and treatment records to my health insurance carrier or health benefit plan. I authorize the staff to send bills and treatment records only to potential sources of payment other than my health insurance.

I understand that the clinic will rely on my decision and render treatment based on the assumption that payment will be received from sources other than my health insurance. I will not be expected to pay deductibles and co-payments. I understand that if third-party payors are billed, they will be billed at the clinic's usual rates rather than at discounted rates that may apply to in-network providers. I understand that contractual and statutory deadlines may prevent me from filing on my health insurance at a later date. **The decision I am making today not to file on my health insurance is irrevocable.**

I understand that I remain personally liable for the reasonable value of the treatment rendered to me by the clinic.

Today's Date is: _____

Patient

Witness

Claim # _____

To any insurance company with coverage applicable to my claim(s) and to any attorney representing me:

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of the willingness of SOUTHEAST SPORTS & REHABILITATION to treat me on credit without demand for payment at the time services are rendered, I hereby agree and stipulate as follows:

I irrevocably assign to SOUTHEAST SPORTS & REHABILITATION any proceeds or compensation that I am or may become entitled to receive as a result of injuries that occurred on _____ to the extent of the chiropractic services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to SOUTHEAST SPORTS & REHABILITATION, from any disability benefits, medical payments benefits, liability benefits, health and accident benefits, workers compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums as are due or may become due to SOUTHEAST SPORTS & REHABILITATION for its services rendered.

I appoint SOUTHEAST SPORTS & REHABILITATION as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft upon which I am a named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with SOUTHEAST SPORTS & REHABILITATION.

I authorize SOUTHEAST SPORTS & REHABILITATION to release to any insurer with applicable coverage or to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection of proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to SOUTHEAST SPORTS & REHABILITATION for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds.

Patient

Date

Witness

Date