HUMPAL PHYSICAL THERAPY
& Sports Medicine Centers

CORPUS CHRISTI · CALALLEN · ALICE
PORTLAND · ARANSAS PASS · ROCKPORT

AUTOMOBILE MEDICAL BENEFITS

A lot of people have medical benefits ("Medpay" or "Personal Injury Protection") included in their automobile policies, and don't even realize it. Our office highly recommends that you use these benefits, if you have them, in the event that you've been injured in an automobile accident, regardless of who was at fault.

Here are several reasons why we recommend that we file your Medpay or PIP:

1. Medpay and PIP are exactly like health insurance- using either form of coverage doesn't cause your rates to increase. If your rates increase, it's not because you filed your Medpay or PIP, it's most likely because: (a) The accident was determined to be your fault by your insurance company, (b) you received a police citation or ticket, or (c) you've been involved in numerous reported auto accidents within a brief period of time, and therefore are now considered to be "high risk."

2. Filing your Medpay or PIP doesn't relieve the other party from having to pay in full for your loss. Filing Medpay/PIP does not relieve the other party from being responsible for payment. If the other driver's liability insurance refuses to make payment to you for whatever reason, filing your Medpay/PIP will help to ensure that you are not left to pay the medical bills out of your own pocket.

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

4. We do not charge for filing your Medpay or PIP!

For the same reasons, our office also recommends that you file your commercial health insurance. The important thing to remember is that you are not guaranteed of receiving full payment from the other driver's liability insurance company. Filing both your Medpay/PIP and your health insurance will help to ensure that you are not left to pay the medical bills.

OUR OFFICE FINANCIAL POLICY

As long as our office is filing your Medpay and health insurance, and these companies are continuing to cover your charges, we will waive collection of payment at the time of service. If we receive overpayment on your account, we will be happy to refund you the difference, provided we are not under a duty to refund the health insurance company.

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Automobile Medical Benefits
PLEASE REFER TO YOUR AUTOMOBILE 'MEDICAL BENEFITS

ACCIDENT DETAILS:

1. Were you the driver in the accident? Yes No

If No, what is the name of driver? ____________________________ phone# ____________________

2. Were the police notified? Yes No

If yes, we will need a copy of police report for your file.

3. What was the date, time and location of accident? ______________________________________
4. Circle the One that best describes your accident.

Hit a car other party hit your car hit pedestrian ran into a ___________________

Other ____

It is important for us to have a record of any other insurance in case your P.I.P. carrier does not pay your bill. Thank you for your assistance, and we look forward to providing high quality care to you at our facility.

P.I.P. I Med Pay / U.I.M. CARRIER information:
(Your auto insurance only)

___________________________________ Phone (_____) _________________________
Insurance Name

____
Policy #

___________________________________ ___________________________________
Insured Name Claims Adjuster

LIABILITY CARRIER (insurance of other party):

___________________________________ Phone (_____) _________________________
Insurance Name

____
Policy #

___________________________________ ___________________________________
Insured Name Claims Adjuster

Please furnish us with any other healthcare insurance coverage information below: We will need a copy of your insurance card for your file.

___________________________________ Phone (_____) _________________________
Healthcare Insurance Name

____
POLICY HOLDER'S NAME ON INSURANCE CARD

___________________________________ __________________________________
Policy # (on the card) Group or Plan # (or enter "NONE")

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AUTHORIZATION TO COLLECT MANAGED CARE DISCOUNTS IN PI CASES

Authorization

I hereby authorize **Humpal Physical Therapy** to file my claims with my health insurance. I understand, however, that in the event that my charges are submitted in their full amount to any other form of insurance or source of payment (e.g., liability, Medpay, attorneys, etc.), I hereby authorize and direct Humpal Physical Therapy to collect any write-offs or discounts, issued by my health insurance, out of the proceeds from the other insurance or source of payment.
This authorization cannot be revoked without the express written consent of **Humpal Physical Therapy.**

Patient Name (please print): ____

Patient Signature: ___________________________ Date: ________________

Name of Custodial Parent or Legal Guardian (please print): ______________________

Parent/Guardian Signature: _____________________________