

Motor Vehicle Accident / Personal Injury Information

Patient Name: _____ Date of Accident: _____

What state did the accident occur? _____ Has your case/claim been settled? YES NO

Please use the options below to indicate the order in which you would like Valley Rehabilitation of Sun City West to bill your account.

Your health insurance*: Primary Secondary Tertiary N/A

- Your health insurance company can be billed for your treatment, unless it is a government funded program such as Medicare, Medicare replacement, Medicaid/AHCCCS or Tricare. Your carrier will cover a portion of the expenses incurred; leaving the patient responsible for any deductibles, co-insurance, and/or co-payments, and the remainder balance due for Valley Rehabilitation of Sun City West's customary billed charges. This is known as recoupment or subrogation, and at the time of settlement the liable party will reimburse the patient and the insurance carrier for their payments. Depending on the individual policy, there may be strict limitations on what the health insurance company will cover. **Any further balances will be the patient's responsibility. This is not a guarantee of payment for the services rendered and the patient is ultimately responsible for all charges incurred.**

Your automobile insurance: Primary Secondary Tertiary N/A

- If you have auto insurance coverage, including personal injury protection (PIP) or Med Pay, then you have a first party contact between yourself and your insurance carrier. Payments of PIP or Med Pay benefits do not depend on which party is at fault, and cover treatment for injuries for one to three years with limits ranging from \$1,000 to \$25,000 depending on your specific policy. Generally, most insurance carriers will not state policy limits nor divulge what coverage remains, and for that reason Valley Rehabilitation of Sun City West will file a lien. In most cases, this protects the patient as well as Valley Rehabilitation of Sun City West if the benefits are exceeded. **This is not a guarantee of payment for services rendered and the patient is ultimately responsible for all charges incurred.**

Third party automobile insurance: Primary Secondary Tertiary N/A

- This is the coverage of the driver/party at fault. In most cases the third party insurance carrier will not pay any medical related bills until the claims have been settled. In some cases the final settlement check will be sent directly to the patient; the patient is responsible to pay the balance due to Valley Rehabilitation of Sun City West. We file a lien against the patient and the third-party. **A lien is not a guarantee of full payment for the services rendered and the patient is ultimately responsible for all charges incurred.**

***I am aware that if I chose to have Valley Rehabilitation of Sun City West bill my health insurance carrier I will be responsible for all deductibles, co-pays, and co-insurances at the time of service. I am also aware that if I am unable to pay for my deductible, co-pays, and/or co-insurance at the time of service, the amounts will be included in the remainder balance due to Valley Rehabilitation of Sun City West for customary billed charges. I am also aware that Valley Rehabilitation of Sun City West will follow my primary health insurance's guidelines, policies, and limitations. I understand that Valley Rehabilitation of Sun City West will file a lien with the Maricopa County Recorder's Office and that a copy will be available to me, my attorney and the third/responsible party insurance company _____ (initials) I have read and understood all the options available to me.**

Patient Print Name

Patient/Legal Guardian Signature

Date

Attorney & Motor Vehicle / Liability Information

Patient Name: _____

Attorney Information **N/A**

If your injury is a result of an accident that involves an attorney, please complete the following information for our files.

Attorney Name: _____ Attorney Contact: _____

Name of Attorney's Practice: _____

Attorney Address: _____

Attorney Phone: _____ Attorney Fax: _____

Motor vehicle / Liability accident information **N/A**

Is this your Automobile Insurance policy? YES NO

Were you at fault for the accident? YES NO

Name of Auto/Liability Insurance Company: _____

Phone # of Insurance Company: _____

Adjuster Name: _____ Adjuster Phone #: _____

Insurance Company Address: _____

Claim #: _____ Policy #: _____

***I authorize Valley Rehabilitation of Sun City West to contact my attorney, third party, or any other applicable insurance company regarding my accident for billing, benefits and settlement information.**

Patient Print Name

Patient/Legal Guardian Signature

Date