

VIOLAND AND McNERNEY, P. A.

Physical Therapists

Rick Violand, P.T. Md. Lic. 14117
Mike McNerney, P.T. Md. Lic. 15172

DORSEY HALL PROFESSIONAL PARK
5024 Dorsey Hall Drive, Suite 103
Ellicott City, MD 21042-7754
(410) 740-1047 • FAX (410) 740-2280

PIP BILLING POLICY

This letter is to inform you of our policy regarding auto accident claims. We will bill your PIP carrier directly until treatment is completed or your coverage is exhausted. (Please note that we do not bill third party carriers). If you need treatment after your PIP coverage exhausts or it exhausts before all of your charges have been paid, we will bill your private insurance company. If we participate with your insurance company, we will deduct any necessary write-offs and it will be your responsibility to settle with them when your accident claim is finalized. Note that you will be billed and payment is expected at the time your claims are processed for any deductible and/or copay/co-insurance.

If we do not participate with your private insurance company and a balance is owed after PIP exhausts, you are also expected to pay at that time for all unpaid charges. We do not wait for settlement to finalize PIP accounts regardless of whether or not your claim is being handled by an attorney.

By signing below, I acknowledge that I have read and understand the PIP Billing Policy for Violand and McNerney's Physical Therapy Office:

PATIENT SIGNATURE: _____

DATE: _____

VIOLAND AND McNERNEY, P.A. PHYSICAL THERAPISTS

5024 DORSEY HALL DRIVE, SUITE 103 ELLICOTT CITY, MD 21042 410 740-1047 FAX 410 740-2280

This form is to be completed in full by or for the person who has been injured in a motor vehicle accident and whose physical therapy claim is to be covered by personal injury protection (PIP) insurance.

We will accept PIP payment for services rendered on valid claims. PIP insurance typically will provide coverage for lost pay and for medically related expenses up to a combined dollar amount of \$2500. Above that amount, charges for any physical therapy treatment and supplies are billed directly to the injured party. If we participate with your health insurance plan, we will bill your plan for any expenses incurred. Timely payment for any treatment or supplies is always the responsibility of the patient. We do not bill third party insurance plans.

If you wish us to bill your PIP and your health insurance companies for services provided, please fill out this form fully in its entirety. Any omissions will result in delayed billing and charges remitted directly to you.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

SSN: _____

Date of Injury: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Referring Physician: _____ Physician Phone: _____

Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PIP INSURANCE INFORMATION

Insurance Company: _____

Insurance Company Address: _____

Name of Insured: _____

Claim Number: _____ Policy Number: _____

Name of Claim Processor: _____ Phone: _____

YOUR PERSONAL HEALTH INSURANCE INFORMATION

Insurance Company: _____

Insurance Company Address: _____

Name of Insured: _____

Insured's Employer: _____

Employer's Address: _____

Group Number: _____ Policy Number: _____

The information provided on this form is true and correct to the best of my knowledge and I understand that I am responsible for timely payment for all services and supplies provided that are not covered by my PIP insurance or my personal health insurance.

Signature of Responsible Party

Date