



Orthopedic Physician Associates

Policy Name:	Motor Vehicle Accident & Personal Injury Billing Policy	Last Revision Date:	8/12/11	Approved:	08/15/11
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Policy

Orthopedic Physician Associates will occasionally accept patients who have been injured in a motor vehicle accident or other liability injury; however the decision is up to the provider whether or not to see an injured patient. There is no guarantee for payment even if the injury is covered under a first-party payer or has approved sponsorship from Advance Medical Funding. OPA has the right to be reimbursed for any medical benefits from the proceeds of any personal injury policy (PIP), Medpay, uninsured or underinsured motorist coverage, or workers compensation coverage's applicable to this incident.

Policy/Process:

1. Signing the Financial Policy. All patients must read and sign all forms including the Financial Policy upon check-in.
2. Patient must fill out MVA/Personal Injury Form. When the accident is a result of a motor vehicle accident or another personal injury the patient must fill out the Incident Questionnaire.
3. We will request a copy of the patient's health insurance card(s) for our file. All health insurance carriers have a timely filing limit for claims to be considered for payment. OPA will bill the patient's health insurance carrier to avoid missing any timely filing limits should the first-party not remit payment in a timely manner. If both the health insurance carrier and the patient's PIP carrier make payment, OPA will process the refund to the health insurance carrier.
4. The patient is ultimately responsible for all balances owed on their account. OPA does not subrogate or accept liens. Patients without first-party coverage or those sponsored by Advance Medical Funding will need to pay \$150 deposit for their initial office visit and a minimum of \$100 for each sequential visit. Please note there are different deposit amounts for surgeries and MRI's. The patient is responsible for any balances over the required deposit amount. OPA may agree to accept a payment plan according to OPA's policy if the patient is unable to pay the balance in full. OPA also offers healthcare loans to our patients through American Healthcare Lending.
 - a. Advanced Medical Funding is a local agency contracted with OPA to assist patients without first-party coverage. The application is available from the Business Office. Advance Medical Funding will review the application and work directly with the patient's attorney.
 - b. American Healthcare Lending works with over 700 lenders nationwide to assist patients that have an inability to pay. The application is available online at <https://www.americanhealthcarelending.com> and American Healthcare Lending will review the application and work directly with the patient.
5. Attorney's and insurance carriers may seek copies of medical records, billing records, and etc. We require that a signed medical release be on file before this information will be released.
6. The patient should be directed to the Business Office at (206) 386-2601 with any questions.

INCIDENT QUESTIONNAIRE



Place Chart Label Here

PERSONAL INJURY PROTECTION, UNINSURED OR UNDERINSURED MOTORIST FORM
PLEASE COMPLETE ALL SECTIONS THAT APPLY TO THIS ACCIDENT

Patient Name _____ Patient Phone Number _____

Date of Incident _____ City/State of Incident _____

Body Part Injured _____

Police Officer _____ Case Number _____

Personal Injury Protection (PIP) Carrier _____

Insured Name _____ Insured Phone Number _____

Policy Number _____ Claim Number _____

Agent Name _____ Agent Phone Number _____

Billing Address _____

Additional PIP Carrier _____

Insured Name _____ Insured Phone Number _____

Policy Number _____ Claim Number _____

Agent Name _____ Agent Phone Number _____

Billing Address _____

Attorney Name _____ Firm Name _____

Address _____

Phone Number _____ Case Number _____

I understand that if I have questions regarding my bill, I will contact the OPA Business Office at (206) 386-2601. I agree that I am financially responsible for any unpaid balances regardless of insurance or third party coverage.

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible Party

Date

Patient Name (Please Print)

Date