



Orthopedic Physician Associates

<b>Policy Name:</b>	Motor Vehicle Accident & Personal Injury Billing Policy	<b>Last Revision Date:</b>	9/10/12	<b>Approved:</b>	9/10/12
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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. 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 approved by MedFin will need to pay \$250 deposit for their initial office visit and a minimum of \$150 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.
  - a. MedFin is a local agency contracted with OPA to assist patients without first-party coverage. The application is available from the Business Office. MedFin will review the application and work directly with the patient's attorney.
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.



**Orthopedic Physician Associates  
Incident Questionnaire**

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

Patient Name: \_\_\_\_\_ Patient Phone#: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ City/State of Incident: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_

Police Officer: \_\_\_\_\_ Case Number: \_\_\_\_\_

Personal Injury Protection (PIP) Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Additional PIP Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Attorney name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Case #: \_\_\_\_\_

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