



MVA/PIP BENEFIT PATIENTS

Recent changes to PIP benefits and how benefits are determined have forced our office to update our policy regarding visits related to an auto accident.

In order to file a claim to your auto carrier for benefits, we must have confirmation from your PIP adjuster faxed to our office **prior** to your visit. This will ensure that our claim will be handled properly and you are aware of your benefits prior to treatment in our office. If you have not already advised your auto carrier that you are seeking medical care related to your injury, you must do this **first!** You may have been assigned an adjuster to handle the damage to your vehicle, however medical benefits are handled by a separate adjuster. Florida is a no fault state and medical care provided as a result of an accident are paid by the patients auto carrier, regardless of who is at fault.

PIP (Personal Injury Protection) covers 80% of charges. Your policy may or may not have a deductible that needs to be met prior to PIP benefits being paid. You may have also elected MED PAY which covers the remaining 20% after your PIP benefits are applied. Not all policy holders elect MED PAY as it is not required by Florida Law.

Once your adjuster provides our office with written PIP BENEFIT confirmation, we will determine what your financial responsibility will be. If we do not have benefit confirmation prior to your visit, we will be unable to file a claim for benefits on your behalf. We will be more than happy to continue with your care however this will be done on a self pay basis. We are **UNABLE TO FILE A CLAIM TO YOUR HEALTH INSURANCE CARRIER FOR TREATMENT RELATED TO AN AUTO ACCIDENT!**

Please advise your adjuster that our office will need the following information included in the fax with your benefits:

- 1) Insurance Company Name and Address for Claims
- 2) Claim Number
- 3) PIP DEDUCTIBLE
- 4) IS MED PAY AVAILABLE
- 5) Adjuster's Name and Contact Information

Your adjuster may fax this information to our office at (727) 372-3820. Again, without this information we are unable to submit a claim for benefits on your behalf. Please sign below acknowledging our policy.

Patient/Guarantor Signature

Date