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*Over 75 Years of Experience
treating Brain & Spine disorders*

INSURANCE POLICY

Our Managed Care insurance contracts require co-payments to be collected at the time of service. It is the Patient's responsibility to give full & correct Insurance Information prior to the office visit.

For Patients with Worker's Compensation Insurance, it is the **Patient's responsibility** to give the following:

1. Employer's name & address
2. Primary Care Physician's Name
3. Referring Physician's Name
4. Date of Injury
5. Whether or not you filed a report with your Employer
6. Claim #
7. Insurance Carrier Name
8. Claim Address
9. Adjustor's Name, phone # & fax #
10. Nurse Case Manager Name, phone # & fax #
11. Pre-certification phone #

For Patients with Motor Vehicle related injuries, it is the **Patient's responsibility** to give the following:

1. Primary Care Physician's Name
2. Referring Physician's Name
3. Date of Injury
4. Whether or not you filed an accident report
5. Whether or not you have Med Pay with your auto insurance carrier.
6. Whether or not you have exhausted your Med Pay benefits. **IF THERE IS NO MED PAY OR IT IS EXHAUSTED, WE MUST HAVE A WRITTEN OR FAXED STATEMENT FROM THE AUTO INSURANCE CARRIER IN ORDER TO BILL A MEDICAL INSURANCE CARRIER.**
7. Claim #
8. Insurance Carrier Name
9. Claim Address
10. Adjustor's Name, phone # & fax #

Please update our Receptionist with your current insurance, address, & phone # information. Please inform us of any changes to include your Primary Care Physician & Referring Physician.