

WAIVER FOR WORKERS COMPENSATION

I, _____ am fully aware that my workers compensation insurance will be billed for all medical services provided by Sport and Spine Rehab. I also understand that my private health insurance information is needed on this day as well.

If for any reason workers compensation is denied I give permission to Sport and Spine Rehab to bill my private health insurance. Benefits quoted by my private health insurance company are NOT a guarantee of payment.

Sport and Spine Rehab will make every attempt to receive authorization for treatment from the workers compensation insurance company. However, if the insurance company does not provide this authorization in a timely manner, Sport and Spine Rehab will submit claims as a courtesy and process your claims to your private health insurance company. I will be responsible for meeting any deductible and paying any co-pays due at the time of the visit.

If authorization is received by the workers compensation insurance carrier but they do not authorize additional visits due to an Independent Medical Exam, or as a result of a decision has been made by the Nurse Case Manager, or you discontinue your treatment without your doctor's consent, you will also be responsible for any outstanding balances and we will no longer accept insurance assignment. It will be important that you come in for a final visit in order to be discharged from care.

In addition to the above, if you have an Attorney who is representing your workers compensation case, the following will be done:

- A call will be made to notify the attorney that no further authorization was approved for the given reason. The attorney should provide a hearing date with the courts so that your services may get covered.
- If the attorney has dropped the case and no longer represents you, and workers compensation has declined payment on your case, Sport and Spine Rehab will bill all outstanding service to your private health insurance.
- If no private health insurance information is provided for us, you will be responsible for services
- If payment arrangements are made but not kept the account will be turned over to collections and you will be required to pay all court costs and 33% of Sport and Spine Rehab's attorney fees..

I have read, or I have had read to me, the above information and I understand. I have also had the opportunity to ask questions about this consent, and by signing below I agree to the above conditions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition I may seek treatment for.

 Patient Signature

 Date

 Witness

www.sportandspinerehab.com

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