

MVA - Insurance Coverage Verification Form

Do Not Write in this Area:

Date of call: _____ Time: _____ Person making this call: _____

MVA INSURANCE INFORMATION:

Patient Name: _____ Date of Birth: _____

MVA Insurance (must be *patient's MVA*): _____ PIP Claim# _____

Claim Address: _____

Claim Adjuster: _____ Phone #: _____

Date of Injury/Accident: _____ State Accident Occurred In(OR, WA, etc.): _____

***Is PIP Claim open Y/N? Is coverage based on Oregon limits Y/N? (1 year from DOI or \$15,000 max)*

MVA PATIENT RESPONSIBILITY ACKNOWLEDGEMENT & ASSIGNMENT AUTHORIZATION:

Green Lotus Acupuncture LLC will bill ***your*** (the patient's) motor vehicle accident (MVA) insurance carrier for ***personal injury MVA related services only*** if proper coverage verification is received.

- 1) I understand that any and all natural pharmacy ("medicinary") items, food, and other products obtained and / or purchased at Green Lotus Acupuncture LLC from Mary Jean Brinkman, L.Ac. are my full financial responsibility and will not be billed to the MVA insurance carrier.
- 2) I understand that I am financially responsible for any and all services rendered to me by Mary Jean Brinkman, L.Ac. of Green Lotus Acupuncture LLC that are not paid by the MVA insurance carrier if: **A)** my case/claim goes to Independent Medical Evaluation (IME) or review and is determined that services provided to me are not MVA related or do not qualify for MVA reimbursement; **B)** my Personal Injury Protection claim (PIP) is closed, terminated, or expired, and/or; **C)** any of the information I have provided is incorrect or falsified and has resulted in Mary Jean Brinkman (L.Ac.) of Green Lotus Acupuncture LLC inability to directly bill for and/or receive reimbursement from the MVA insurance carrier.
- 3) I understand that non-compliance with payment terms may immediately result in my forfeiture of any and all insurance billing options extended to me by Mary Jean Brinkman, L.Ac. of Green Lotus Acupuncture LLC.
- 4) I authorize release of information in my medical history to the MVA insurance carrier and assign all benefits for unpaid services to Mary Jean Brinkman, L.Ac. of Green Lotus Acupuncture LLC. Assignment will remain in effect until revoked by me in writing.

Patient Signature: _____ **Date:** _____