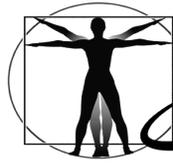


BAINBRIDGE CLINIC
840 Madison Ave N.
Ste 102
Bainbridge Island WA,
98110
P: 206•855•0955
F:206•855•0801



DaVinci
PHYSICAL THERAPY

POULSBO CLINIC
19980 10th Ave N
Ste 201
Poulsbo, WA, 98370
P: 360•598•1538
F: 360•598•1541

PERSONAL INJURY INSURANCE CLAIM

Welcome to DaVinci Physical Therapy! We understand that you have been injured in a motor vehicle accident or other third party responsible personal injury situation. It is our goal at DaVinci Physical Therapy to: **Prevent further injury and/or loss of movement, reduce your level of pain and improve your ability to move, and restore your functional ability.**

These documents outline the handling of financial responsibility resulting from your accident and are intended to assist you in every way possible to understand your options with regard to payment for your treatment, and how it relates to the settlement of your case.

DaVinci Physical Therapy understand that this can be a very difficult period for you and we want to make the process as simple as we can for you. Please notify our front office staff should you have any questions or concerns. Our focus is your full recovery!

Thank you for taking the time to complete this information. We value your privacy. All information you provide is confidential and will be used solely for direct patient care purposes.

Sincerely,

The Partners of DaVinci Physical Therapy

PERSONAL AND INCIDENT INFORMATION

Patient Name: _____ Today's Date: _____ New Patient Existing Patient with a new injury

Place of Work/Occupation: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Date of Incident: _____ Claim #: _____ Claims Adjuster: _____

Phone: _____ Fax: _____ Limitations: _____

Did the motor vehicle accident or personal injury occur in Kitsap County, Washington? Yes No Were you responsible for the accident? Yes No

Personal Insurance: _____ Subscriber: _____ DOB: _____ ID #: _____

ATTORNEY INFORMATION

Legal Practice: _____ Attorney: _____

Date Retained: _____ Phone: _____ ext: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

PAYMENT OPTIONS FOR PERSONAL INJURY CASES

Every state has its own statutes or laws, and the State of Washington Statutes allow all medical treatment to be billed at the facility's usual and customary rates. If you have already retained an attorney in this matter, DaVinci Physical Therapy will work with your attorney to obtain the best possible settlement in your case. Please select and initial ONLY the options indicating how you would like DaVinci Physical Therapy to bill your account balance:

- Your personal health insurance**:
 Primary Secondary Tertiary
- Your personal automobile insurance:
 Primary Secondary Tertiary
- Third Party/Person at fault insurance:
 Primary Secondary Tertiary

***excluding government funded medical programs (i.e. Medicare, AHCCS, Tricare). If covered by one of these programs, you must use your auto insurance, third party auto insurance or file a lien.*

If you have auto insurance coverage, including personal injury protection (PIP) or Med Pay, then you have a first party contact between yourself and your insurance carrier. Payments of PIP or Med Pay benefits do not depend on which party is at fault, and cover treatment for injuries for 1-3 years with normal limits ranging from \$1,000 to \$25,000, depending on your specific policy. Generally, most insurance carriers will not state policy limits nor divulge what coverage remains, and for that reason DaVinci Physical Therapy will file a lien. In most cases this protects the patient as well as DaVinci Physical Therapy if the benefits are exceeded. This is not a guarantee of payment for the services rendered and the patient is ultimately responsible for all charges incurred.

INITIALS: _____

You will NOT be penalized for using your own automobile insurance for payment of your medical bills. Normal limits range from \$1,000 to \$25,000 per person. You can verify the total amount of your Med Pay Coverage by checking the "Declarations Page" furnished to you by your insurance company under "Coverage & Limits" or calling your insurance representative. Please provide this information to our front office staff if you choose this option. We are not able to access your personal auto policy information. This is not a guarantee of payment for the services rendered and the patient is ultimately responsible for all charges incurred.

INITIALS: _____

Third party insurance coverage is the coverage of the driver who was at fault. In most cases the third party insurance carrier will not pay any medical related bills until the claim has been settled. In some cases the final settlement check will be sent directly to the patient; the patient is responsible to pay the balance due. We file a lien against the patient and the third party. We will send a copy of the lien once it has been filed to the patient, third party, and your attorney. A lien is not a guarantee of full payment for the services rendered and the patient is ultimately responsible for all charges incurred.

INITIALS: _____

I am aware that if i choose to have DaVinci Physical Therapy bill my health insurance carrier I will be responsible for all deductibles, copays, and co-insurances at the time of service, the amounts will be included in the remainder balance due to DaVinci Physical Therapy for customary billed charges. I am also aware that DaVinci Physical will follow my primary health insurance's guidelines, policies, and limitations. This is not a guarantee of payment for the services rendered and the patient is ultimately responsible for all charges incurred.

INITIALS: _____

I understand that DaVinci Physical Therapy will file a lien against me with Kitsap County Recorder's Office, and that a copy will be furnished to me, my attorney, and the third/responsible party insurance company. I have read and understand all the options available to me.

Patient or Patient Guardian Signature

Date

**PATIENT FINANCIAL AGREEMENT LIEN
(Equitable Lien-Assignment contract and Indemnification Agreement)**

Please read the following very carefully as it concerns your financial responsibility to DaVinci Physical Therapy, from whom you are about to receive services. I, the undersigned patient, hereby agree to establish a lien and assignment of benefits or claim in favor of DaVinci Physical Therapy by this contract and pursuant to any state statutes that apply in the state where I reside. I give my permission for DaVinci Physical Therapy and/or their agent to file, record and serve notice of this agreement (lien/assignment) upon myself and all other parties who may be liable to me for damages arising from the accident which occurred on and any subsequent claims arising from this accident for which I am about to receive health care. I understand that by doing so I have entered into a contract with DaVinci Physical Therapy. This agreement authorized direct payment to DaVinci Physical Therapy from any and all proceeds from any insurance policy, settlement of claims or litigation arising from this accident in such sums necessary to fully compensate DaVinci Physical Therapy from whom I have received care. This lien and assignment created by this Equitable Lien Contract and Indemnification Agreement shall have priority over any subsequent liens or assignments of my interests.

Patient or Patient Guardian Signature

Date

