

# Osteopathic Healthcare of Maine

Donald V. Hankinson, DO    Keelyn Wu, DO    Thomas M. Gilson, DO  
Jennifer V. Hilton, DO    Jeffrey R. Greenfield, DO

98 Clearwater Dr  
Falmouth, Maine 04105  
Tel (207) 781-7900  
Fax (207) 781-2900

## **WORKER'S COMPENSATION INSURANCE AUTHORIZATION**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Osteopathic Healthcare of Maine has implemented  
a very specific protocol when dealing with Worker's Compensation cases.**

- 1) Our Office will bill the patient's W/C insurance carrier, \_\_\_\_\_, as the primary insurance. **By signing this form you will authorize this company to issue payment directly to our office.**
- 2) If you are discharged from worker's compensation, or if your worker's compensation adjuster has not approved coverage for your treatments, we will automatically bill your private health insurance. You will be responsible for any co-payments and deductibles. We do ask that these be paid at the time of service. If you DO NOT have private Health Insurance you will be responsible for the balance due.

It is also important to understand that we only bill one insurance company for our services. If your worker's compensation insurance company has paid the claim, we will not bill your private health insurance for the same claim. We will only forward to your private insurance company if treatments have not been approved, or you have been discharged from care related to the worker's compensation injury.

We ask you sign this form showing you understand and accept our office policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_