

# Osteopathic Healthcare of Maine

## AUTO MED PAY/INSURANCE AUTHORIZATION

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

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

**Osteopathic Healthcare of Maine has implemented a very specific protocol when dealing with motor vehicle accidents.**

- 1) Our Office will bill the patient's own auto insurance carrier \_\_\_\_\_ as the primary insurance. **By signing this form you will authorize this company to issue payment directly to our office.**
- 2) If your auto insurance med pay becomes exhausted, 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 once your medical payment (from your Motor Vehicle Insurance) has been exhausted.
- 3) If an attorney has been retained, a letter of protection will be requested and will be sent to Osteopathic Healthcare of Maine.

Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

**THIS IS AN IRREVOCABLE ASSIGNMENT OF BENEFITS.  
This office does not wait for time of settlement.**

On occasion, auto insurance companies will forward the payments to you or your attorney. We ask that those payments be immediately forward to our office. It is also important to understand that we only bill one insurance company for our services. If your auto 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 your medical payments are exhausted or claims are denied.

If any balance remains at the time of your settlement, we ask that your attorney pay the balance directly to our office. Our office does not negotiate the remaining balance based on your settlement.

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

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

**A copy of this letter will be forwarded to your attorney/insurance carrier.**