

Osteopathic Healthcare of Maine

Workers Compensation Information

Patient name: _____ DOB: _____ Date of Injury: _____

Referring physician: _____ Fax #: _____ Phone #: _____

Employer: _____ Address: _____

W/C Insurer: _____ Insurer address: _____

Adjuster: _____ Phone #: _____ Fax #: _____

Claim #: _____ Diagnosis: _____ Restrictions: _____

Verified open and compensable claim? YES or NO

Osteopathic Healthcare of Maine has implemented a specific protocol for Worker's Compensation cases.

- 1) Our office will bill the patient's W/C insurance carrier as the primary insurance. Signing this form will authorize this company to issue payment directly to our office.
- 2) If you are discharged from worker's compensation or 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. This is due at the time of service. If you DO NOT have private Health Insurance, **you will be responsible** for the balance due at the time of service.
- 3) 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.
- 4) If an attorney has been retained, a letter of protection will be requested and sent to Osteopathic Healthcare of Maine.
Attorney: _____ Phone: _____

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

Signature: _____ Date: _____

Reviewed by:
Staff Initials _____