

## Manchester Sports & Physical Therapy, LLC NH Auto/ Health Insurance Consent

When you have both health insurance *and* medical payments coverage through your automobile insurance carrier (“med pay”), you have the option to bill *either* health insurance *or* med pay, or both, but you are not entitled to payment from both insurers for same charges. (NH State Law – reference attached).

### If you choose to bill **health insurance** initially

If you choose to bill health insurance initially, you need only to provide our office with the correct health insurance information for billing, and to understand that you cannot bill your auto carrier for those same charges. By selecting this option, you will then be responsible for the payment of any charges not paid by health insurance e.g. copay, coinsurance, or deductible. We will provide you receipts of your payments, so that you can submit them to “med pay” for reimbursement that they may cover. By selecting this option, if your health insurance exhausts, we can then bill your auto carrier on your behalf if med pay benefits remain.

### If you choose to bill **med pay** initially

If you choose to bill your med pay initially, you should be aware that New Hampshire law prohibits us from billing your automobile carrier but we will submit them on **your** behalf and you will receive the payment from them directly. Also, if you choose to bill your auto carrier first, you should be aware that many health insurance carriers have timely filing limits (deadlines to file your claim with them) and pre-certification requirements, or other requirements which may prevent you from billing your health insurance if/when med pay exhausts.

In the event you wish to bill med pay first, by selecting this option, you **approve** us to check with your health insurance carrier to determine:

- a. Whether they will pay any *unpaid* charges not covered by med pay.
- b. What the timely filing period is in which to submit a claim.
- c. If there are any pre-certification or other requirements we will obtain these starting from your first visit..

PLEASE CHECK OFF AND SIGN BELOW TO INDICATE YOUR BILLING CHOICE.

Option 1: I, \_\_\_\_\_, authorize Manchester Sports & Physical Therapy to bill my health insurance **first**. If health exhausts, I authorize Manchester Sports & Physical Therapy to send itemized bills to my auto carrier and I agree to forward payment when received.

Option 2: I, \_\_\_\_\_, authorize Manchester Sports & Physical Therapy to send itemized bills to my auto carrier **first** and I agree to forward payment to Manchester Sports & Physical Therapy when received.

\_\_\_\_\_  
Patient Signature / DATE

\_\_\_\_\_  
Witness Signature / DATE