



MOTOR VEHICLE ACCIDENT PAYMENT POLICY

If your treatment at Rochester Physical Therapy dba Orthopedic & Sport Therapy Services is or may be related to a motor vehicle accident:

We will bill your primary health insurance if Rochester Physical Therapy dba Orthopedic & Sport Therapy Services is in network, or with a letter of exhaust from your auto policy. In the event the billed party denies payment due to an auto accident related claim, the patient/guarantor for the services rendered will be responsible to pay for services in full at the time of each visit as well as for any services previously rendered and denied by your health insurance.

By signing this agreement, I understand that:

- All MVA related denials from Health Insurance plans will result in out of pocket expense for each visit, due at time of service.
- If an AUTO/third party is responsible for medical payments, the patient/guarantor will be responsible to submit bills/receipts to the Auto/third party insurance for reimbursement.

PRINTED NAME OF PATIENT: _____

PRINTED NAME OF PARENT/GUARANTOR (IF DIFFERENT): _____

SIGNATURE OF PATIENT/GUARANTOR: _____

DATE: _____