

**NO-FAULT PATIENTS**

Patients Name: \_\_\_\_\_

No-Fault Insurance Company: \_\_\_\_\_

No-Fault Address: \_\_\_\_\_

\_\_\_\_\_  
No-Fault Phone Number: (        ) \_\_\_\_\_

Claim Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

We at ProActive Sports Rehab will be more than happy to bill your No-Fault carrier. If we receive a denial from your No-Fault carrier we will bill your private insurance, if provided to us. We recommend that you provide us with your private insurance information from the start of your physical therapy. Some private insurances do require prior authorization. In the event you did not give us your private insurance and your No-Fault claims are denied, most private carriers will not back date the authorization from the start of your No-Fault denial. Then the patient would be responsible for the claims. Also, some referrals need to be done by your primary care physician. Please check with your member services department to see if you one is required for physical therapy.

If your No-Fault is denied, not only is the patient responsible for getting a referral, but also copays and deductibles may apply. If you pursue your case through arbitration and your trial results end in your favor, we will rebill your No-Fault carrier and reimburse you and your private insurance company. If you have any more questions regarding your No-Fault, please check with the front desk.

I hereby, agree that the above information is not false, or misleading. All information on this form is complete and accurate to the best of my ability.

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

If you are a guardian or representative of the patient please sign below:

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

Relationship to Patient: \_\_\_\_\_