

**SEACOAST ORTHOPEDICS & SPORTS MEDICINE – OFFICE FINANCIAL POLICY
FOR WORKERS’ COMPENSATION CLAIMS**

If you have a workers’ compensation claim, we will bill the workers’ compensation insurance company if you provide our office with all the necessary information. We accept New Hampshire, Maine or U.S. Dept of Labor (USDL) workers’ compensation claims. Patients with USDL claims will need to provide a copy of the acceptance letter with accepted diagnosis from the USDOL. If you are not able to provide this information and wish to be seen, you will be responsible for all services until we receive all of the required information. For identification and billing purposes it is our policy to require patients to provide their social security number.

TREATMENT:

Our physicians will be treating you only for the work related injury during your scheduled appointments. Please do not discuss non-work related problems during this appointment. Our physicians document treatment for all services rendered and your workers’ compensation claim may be denied if unrelated problems are discussed or treated. If you are treated for problems unrelated to your claim and your claim becomes denied as a result, you will be responsible for these services. If you have another problem that you wish to be seen for, we ask that you make a separate appointment.

RE-INJURY:

If you have had a re-injury to a previous claim, your employer must be notified and our office provided with the new claim number, if one is issued. Otherwise, if your claim is denied as unrelated, you will become responsible for all services until your claim is straightened out.

DENIED CLAIMS:

We require that you provide our office with your health insurance information at the time of your first appointment in the event that your workers’ compensation claim becomes denied. Our office policy is to bill your health insurance and you will be responsible for any remaining balance.

I hereby authorize Seacoast Orthopedics & Sports Medicine to furnish my health information for purposes relating to treatment, payment, and health care operations, and I hereby assign to Seacoast Orthopedics & Sports Medicine all payments for medical services rendered. I understand and agree that, regardless of my insurance status, I am ultimately responsible for my account for any professional services rendered. I have read the information in this OFFICE FINANCIAL POLICY and verify that all insurance information is true and correct to the best of my knowledge.

I hereby agree to consultation with Seacoast Orthopedics & Sports Medicine and agreed upon treatment. I understand that this signature is valid for any treatment related to this workers’ compensation condition or injury.

Signature: _____ Date: _____