

To clients with Auto Insurance or PIP (Personal Injury Protection) claims:

CorePhysio does not participate in third-party automobile insurance claims. If your care is not covered by a PIP claim or by your healthcare insurance then your private payment is due at the time of service. We offer a discount on our regular fee schedule to private pay clients; details are available from our business office.

How much does PIP cover?

According to the Washington State Insurance Commissioner's Office, PIP provides the following minimum benefits:

- Up to \$10,000 for reasonable and necessary medical expenses for each person injured in an auto accident, available for up to three years from the date of the accident.

We will directly bill against your PIP claim based on the information you provide at registration. When and if your PIP benefits have been exhausted, it is your responsibility to contact your non-accident related healthcare insurer to confirm that they will cover your treatment. If pre-authorization is required by your insurer, you are responsible for securing the authorization through your primary care provider, referring provider or insurer. If you choose to continue your treatment prior to securing pre-authorization, you accept personally liability for the cost of treatment regardless of the language contained in your health insurance contract. In the event that your insurance agrees to cover the cost of treatment after you have made personal payments, we will refund your payments within 10 business days of receiving the insurance payment.

Our practice is committed to providing the best treatment for our clients and we charge what is usual and customary for our area. You are responsible for payment regardless of any auto or non-contracted healthcare insurance company's arbitrary determination of usual and customary rates.

By signing below you agree you have read and understand the requirements as referenced above.

I have PIP coverage through (name of auto insurance carrier) _____

My claim # is _____. My date of injury was _____

My healthcare insurance coverage is through _____

ID # _____ Group # _____

Client Name & Signature

Date