

**PREMIER ORTHOPAEDIC & HAND CENTER SC.
19801 GOVERNORS HWY, STE 160, FLOSSMOOR, IL 60422
Phone 708-957-0505 Fax 708-957-0506**

Neal Labana, M.D. John Kung, M.D.

LIABILITY/AUTO ACCIDENT PAYMENT POLICY

Liability and automobile accident cases will be billed as follows:

On the first visit following injury, patient will provide the name of the liability/automobile insurance company, address, phone number, claims adjuster and claims number for all parties involved. In addition, a copy of the police report is needed for auto accident cases. Group information will also be obtained at this time, to be used as explained below. Patients not providing this information will be considered self-pay and will be expected to make payments each time they are seen by our physicians, until information is complete.

The liability/automobile carrier(s) will be billed as the primary responsibility. A physician's lien will be filed with the carrier(s) to insure that payment is received by our office.

If the patient obtains an attorney, they will be expected to provide the attorney's name, address and phone number. A lien will be filed with the attorney to insure that payment to our office is protected when settlement is reached.

When liability/automobile insurance has paid the maximum benefit allowed by the policy, and if the patient does not have an attorney handling their case, we will bill the group insurance (or Medicare), provided we have the necessary information and referrals if necessary. We will NOT bill group insurance unless and until these conditions are met.

Payment for all services is ultimately the responsibility of the patient, and the patient must provide all information and referrals if applicable to ensure that payment is made.

I have read and understand the billing policy explained above, and hereby authorize Premier Orthopaedic & Hand Center, S.C.. to provide necessary information to the named insurance company and/or attorney in order to obtain payment. I also instruct said insurance company/attorney to honor physician's lien filed by Premier Orthopaedic & Hand Center, S.C

Signature of Patient/Date

Witness/Date

PLEASE COMPLETE REVERSE SIDE OF THIS FORM