

Personal Injury

Basic information:

Patient Name: _____ D.O.B. _____ Date of Accident: _____ City, State of Accident: _____ Time of Accident: _____ am/pm
How did you hear of us: _____

Patient Auto information- your personal car insurance:

Were you the at fault party _____ What is your auto Insurance: _____

Do you have med pay _____ How much: \$ _____ Adjusters name: _____

Adjusters phone number: _____ & Fax: _____

(If you have med pay, all payments will need to be directed to NWA HEALTH SOLUTIONS) – Form on next page

At Fault Party (If not patient) information:

Name: _____ Address: _____

Insurance: _____ Claim # _____

Adjuster name: _____ phone #: _____

Attorney information:

Do you have an Attorney: _____ Law Firm Name: _____

Attorney's Name: _____ Attorneys Phone Number: _____

Attorney's Address: _____

PLEASE GIVE THE FRONT DESK A COPY OF YOUR CAR INSURANCE, MEDPAY CLAIM#, ATTORNEY INFORMATION, ACCIDENT INFORMATION, AT FAULT PARTIES CAR INSURANCE AND PERSONAL INFORMATION

OFFICE USE ONLY- OFFICE WILL FILL OUT

Address to mail claims to: _____

Address to Fax medical notes and claims to: _____

Do medical records need to be submitted with claims: _____

Verify claim numbers _____

Use of Health Insurance:

NWA Health Solutions, PA does **not** bill personal health insurance in the event of a personal injury case. NWA Health Solutions, PA will first use patient's med-pay coverage if applicable, then remainder of balance will be part of the settlement between auto insurance companies and/or attorneys. In the event that the patient is the at fault party, med-pay will be exhausted first then NWA Health Solutions, PA will bill personal health insurance. If there is any denials from the health insurance company it will be the responsibility of the at fault party's to help assist in getting the claims paid.

WHEN CAN I USE MED PAY COVERAGE IN ARKANSAS?

Do you have your car insurance policy handy? Go ahead and pull it out, or pull it up on that insurance app you have on your phone. You're looking for the words "Medical Payments Coverage" or "Personal Injury Protection."

Medical Payments Coverage, usually just called "**Med Pay**," is an important part of your automobile insurance policy in the state of Arkansas. No, it doesn't cover your property damage or that of the other driver; instead, it insures your physical health. **Med Pay is coverage that will pay for up to \$5000 of the medical bills you incur within two years of your car wreck** (as long as they're accident-related). This coverage works regardless of whether the accident was your fault or the fault of another driver.

Are There Laws About Med Pay in Arkansas?

Every insurance company in Arkansas is legally required to offer you Med Pay coverage when you apply for an auto insurance policy. The state legislature took it one step further and created a requirement that if you choose not to have Med Pay coverage, **you have to sign a written statement saying that you're waiving the coverage**. The law was created as a matter of public policy because lawmakers felt it was so important for injured Arkansans to have some type of coverage to help pay their bills after an accident, whether or not they were at fault.

Are There Penalties for Using Med Pay?

The legislature felt that this coverage is so important that you shouldn't have to fear negative consequences if you use it. In Arkansas, insurance companies cannot penalize you in any way for using, applying for, or dealing with Med Pay in any way. That means the company cannot raise your premiums or deduct points simply because you used your Med Pay coverage.

How Do I Know if I Have Med Pay?

Check your policy or contact your insurance provider. It's possible that Med Pay is available to you under the law if you never signed a written rejection, even if you haven't paid premiums for this coverage or didn't intend to have it when you applied for the policy.

Why Should I Use Med Pay if the Wreck Wasn't My Fault?

Even though the wreck is the other driver's fault, it's still in your best interest to always use your medical benefits. If you're injured, you need medical treatment immediately; the other driver's insurance will only cover medical bills after you've completely finished treating. In the meantime, you still need treatment.

The law in Arkansas does not allow evidence of collateral sources, such as Med Pay as evidence in a trial or hearing. Therefore, you can still get credit for medical bills you have incurred from the at fault driver although they have already been paid by your Med Pay for health insurance.

Your insurance company can request money back out of your third-party settlement for some of the proceeds it has paid for your medical benefits. This is called subrogation.

Statute of Limitations

Chapter 56 of the Arkansas legal code includes a subsection dealing specifically with medical bills. Prior to April 1985, medical practitioners and providers had just 18 months to collect past due debts. For debts incurred after that date, the statute of limitations has been extended to two years. As with written contracts, the statute of limitations is reset whenever you make a partial payment. The statute could be extended for several years if you enter into a periodic payment agreement.

I have read and reviewed the above information regarding billing personal health insurance, med-pay and statute of limitations. Any questions that I have, have been answered by a personal injury representative for NWA Health Solutions, PA.

Patient Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Medical Payment Consent

I _____ instruct that my auto insurance company, _____, direct payments for my personal injury medical payments to NWA Health Solutions, PA. Please mail all payments to NWA Health Solutions 5300 S Southern Hills Ct. Suite 200 Rogers, AR 72758.

Client/ Patient name: _____ Date: _____

Medical Payment Consent for others

I _____ am giving written consent for _____ (Auto Insurance Company) to direct payments for personal injury medical payments to NWA Health Solutions, PA, in the case for (patients name) _____.

Please mail all payments to NWA Health Solutions, PA 5300 S Southern Hills Ct. Suite 200 Rogers, AR 72758.

Client/ Patient name: _____ Date: _____

SECURITY AGREEMENT & ASSIGNMENT OF AN INTEREST IN A PERSONAL INJURY CLAIM

TO: Attorney/ Insurance Carrier

Doctor

RE: Patient's records and Security Agreement & Assignment of an Interest in a Personal Injury Claim.

I do hereby authorize the above doctor to furnish you, my attorney/auto insurance carrier, with a full report of his case history, examination, diagnosis, treatment and prognosis of myself in regard to my accident/illness which occurred/ began on _____.

I hereby give a lien to said doctor on any settlement and direct you, my attorney/auto insurance carrier, to pay directly to said doctor such sums as may be due and owing him for service rendered to me, and to withhold such sums from such settlement claim, judgment or verdict by which I may eventually recover said fee. I also understand and agree that I am responsible for any reasonable collections fees required to secure the doctor's payment.

Dated: _____

Patient's Signature: _____

Consent to Treat

The information I have given this office is complete and true to the best of my knowledge. I authorize the doctors and staff of NWA Health Solutions to administer such procedures and treatment as they deem necessary. I have read and understand the Informed Patient document. I also understand any nutritional counseling I may receive in this clinic is strictly a recommendation of the doctor. I am aware that the doctors here at NWA Health Solutions are chiropractors, and their nutritional recommendations are based on the education they received through Parker College of Chiropractic. The doctor has answered any questions I may have. The doctor has implied no guarantee of cure.

Patient Signature: _____

Date: _____

Doctor Signature: _____

Date: _____

Consent to Treat Minor

The information I have given this office pertaining to _____ is truthful and complete to the best of my knowledge. I authorize the doctors and staff of NWA Health Solutions to administer such procedures and treatment as they deem necessary to my child/ward in my legal custody. I also understand any nutritional counseling my child/ward in my legal custody may receive in this clinic is strictly a recommendation of the doctor. I am aware that the doctors here at NWA Health Solutions are chiropractors, and their nutritional recommendations are based on the education they received through Parker College of Chiropractic. I have read and understand the Informed Patient document. The doctor has answered any questions I may have. The doctor has implied no guarantee of cure.

Parent or Guardian Signature: _____

Date: _____

Relationship to Minor: _____

Doctor Signature: _____

Date: _____

Dr. Sarah Rowden, D.C.
Dr. Josh Rowden, D.C.
Sarah Brinkley, APRN
Amy Babb, Lac., MAcOM
Margaret Marsh, M.S., Lac.



5300 S. Southern Hills Ct.
Rogers, AR 72758

We appreciate all of our patients and want to give each one of you the one-on-one time that is needed for your appointment. When you schedule an appointment with our providers, we take that time to devote to you so we can give you the best treatment possible. When you are late, miss your appointment, or cancel an appointment without 24 hour notice, you are taking a time slot away for another patient.

We enjoy all of our patients and want to continue to grow and work with each one of you. With that being said:

NWA Health Solutions will apply a \$25 fee for:

- Missed appointments
- Cancelled appointments that are not cancelled without 24 hour notice
- Late arrivals- if you arrive 15 minutes after your appointment time.

Thank you,

NWA Health Solutions

Patient Signature _____

Date: _____