

## HEALTH BENEFIT AFFADAVIT

In accordance with Chapter 273 of the Acts of 1988, we are required to obtain your health insurance information before we can process your claim for Personal Injury Protection (PIP).

Any medical expenses in excess of \$2,000 will not be paid by PIP, by **Massachusetts Law** they must be submitted to your health insurance carrier for payment. Any amount your health insurance does not pay will be submitted back to PIP for payment. It is your responsibility to inform us of any health insurance coverage or changes in health insurance coverage. **Failure to provide FYZICAL THERAPY & BALANCE CENTERS of MetroWest with your current health insurance information could result in balances that you will be responsible for.**

Please indicate your insurance coverage status:  
(Select Only One)

- I am not now eligible under any group health, sickness or disability insurance. If I become eligible during the two (2) years following the date of accident, I will notify FYZICAL Therapy & Balance Centers of MetroWest and the primary insurance company.
- I currently have health insurance coverage available to me.

\_\_\_\_\_  
Health Insurance Company Name

\_\_\_\_\_  
Subscriber's Name

\_\_\_\_\_  
Health Insurance Identification Number

\_\_\_\_\_  
Subscriber's Address

\_\_\_\_\_  
Health Insurance Group Number

***"Any person knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information of concerning any fact material thereto, commits a crime and may be subject to criminal prosecution and civil penalties."***

\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Legal Representative Printed Name

\_\_\_\_\_  
Relationship to Patient (if other than patient)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name