

Dear Patient,

Massachusetts Personal Injury Protection (PIP) Laws regarding auto accidents states that the initial \$2,000 in medical bills and lost wages is paid by **YOUR AUTO INSURANCE CARRIER**. After the initial \$2,000 in PIP benefits is exhausted, all medical bills are turned over to your health insurance. You are responsible to follow the guidelines of your health insurance such as getting authorizations.

You must sign a **GROUP HEALTH AFFIDAVIT** stating whether or not you have health insurance. If you do not have health insurance, this is needed so that medical bills can be submitted to your auto insurance carrier immediately to access the remaining \$6,000 in PIP benefits.

Once your health insurance carrier pays all they are required to, the remaining balance is re-submitted to your auto carrier. **PLEASE BE AWARE THAT \$8,000 TOTAL IS AVAILABLE IN MEDICAL AND LOST WAGES COVERAGE UNLESS YOU HAVE PURCHASED MEDPAY AS PART OF YOUR AUTO INSURANCE COVERAGE.**

As the no-fault party in an auto accident, you have the option to retain an attorney and sue for lost wages, outstanding medical bills and other damages not covered by PIP benefits. The statute of limitations to file suit or submit for PIP benefits is two (2) years from the date of the accident.

As a patient being treated here as a result of an automobile accident or a general liability injury; we request that you sign the following forms in addition to the required routine authorization forms in order to protect you and FlexPlus Physical Therapy LLC.

1. **ATTORNEY LIEN:** This directs your attorney to pay FlexPlus Physical Therapy LLC directly out of the portion of your settlement. If you do not have an attorney at the start of your therapy we request that you notify us immediately should you retain an attorney at a later date, in order that the appropriate paperwork can be processed.
2. **GROUP HEALTH AFFIDAVIT:** This is being signed for you to indicate whether or not you have health insurance in order to access these benefits and/or additional PIP benefits.

Your signature below indicates that you understand the information above and acknowledge that you are ultimately responsible for all charges incurred during your course of treatment while a patient at FlexPlus Physical Therapy LLC.

Patient or Legal Representative Signature

Date

Patient or Legal Representative Name

Relationship to Patient (if other than patient)