

**New Hampshire Orthopaedic Surgery, P.A.**  
**Policy**  
**For**  
**Workers' Compensation Claims**

If you have a valid workers' compensation claim, we will bill the workers' compensation insurance company if you provide our office with all the necessary information. It is our policy to verify benefits from your commercial insurance carrier as a back up to your workers' compensation carrier so that you will be covered in the event your workers' compensation claim is denied for any given reason.

Treatment: Our physicians will be treating you only for the work-related injury during your scheduled appointments. Please do not discuss non-work related problems during these appointments. Our physicians dictate treatment for all services rendered and your workers' compensation claim may be denied if unrelated problems are discussed or treated. If you are treated for problems unrelated to your claim and your claim becomes denied as a result, you will be responsible for these services. If you have another problem that you wish to be seen for, we ask that you make a separate appointment.

Re-Injury: If you have had a re-injury to a previous claim, your employer must be notified and our office provided with a new claim number, if one is issued. Otherwise, if your claim is denied as unrelated, you will become responsible for any remaining balance.

In the event that your workers' compensation claim is denied, it is our policy to bill your commercial insurance carrier for any and all outstanding balances, regardless of any intent to fight the denial through a hearing at the Department of Labor.

In the event that you do not have any commercial insurance, you will be responsible for any balance due immediately following denial of the claim. If you are unable to pay your balance in full, you will be expected to remit regular monthly payments until your balance is paid in full regardless of any pending litigation. We do not hold any balances for pending litigation under any circumstances.

In the event of a successful outcome of an appeal to the Department of Labor on a previously denied claim, you or your insurance carrier will be promptly refunded any money paid upon receipt of the outstanding payment from the workers' compensation carrier.

I hereby authorize New Hampshire Orthopaedic Surgery, P.A. to furnish information to my insurance carrier(s) concerning any illness and treatment and I hereby assign to New Hampshire Orthopaedic Surgery all payments for medical services rendered. I understand and agree that (regardless of my insurance status), I am ultimately responsible for my account for any professional services rendered. ***I accept full financial responsibility in the event that workers' compensation denies my claim.*** I have read the information in this policy and verify that all insurance information is true and correct to the best of my knowledge. I hereby agree to consultation with New Hampshire Orthopaedic Surgery, P.A. and agree upon treatment.

By signing below, I acknowledge that I understand and accept the above terms.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary/Witness

\_\_\_\_\_  
Date