



## PAIN AND INJURY NO - FAULT INFORMATION & BILLING FORM

Claimant Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
 Claimant's Date of Birth: \_\_\_\_\_ Claim # \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Is This Case In Litigation? YES \_\_\_ NO \_\_\_

Insurance Carrier's Name: \_\_\_\_\_ Insurance Carrier's Address: \_\_\_\_\_  
 (Please specify the address to which your Physical Therapy Bills should be sent)

Name of Claims Adjuster \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Lawyer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### ACCIDENT INFORMATION

Place of Accident (State): \_\_\_\_\_

Please Describe Your Injuries / Illness (indicate body part(s) affected): \_\_\_\_\_

How Did Accident Occur?  
 \_\_\_\_\_

Were you hospitalized for Injuries sustained in This Accident? YES: \_\_\_ NO: \_\_\_  
 If yes (please give dates): From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Is a Chiropractor For This Injury currently treating you? YES \_\_\_ NO \_\_\_

Are you currently out of work due to this accident? YES \_\_\_ NO \_\_\_

Have you previously missed any work due to this accident? YES \_\_\_ NO \_\_\_  
 If yes (Please give dates): From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

### BILLING AGREEMENT

As a courtesy, **Musculoskeletal Resource** agrees to bill the above No-Fault insurance carrier on my behalf. However, I understand that I am financially responsible for all physical therapy charges incurred. Furthermore, I understand that I am financially responsible for any collection / attorney fees that may be assessed to my account due to non-payment of these charges.

Signature

Date

**HAVE YOU HAD AN IME? YES: \_\_\_ NO: \_\_\_**  
**If yes: DATE: \_\_\_ / \_\_\_ / \_\_\_**  
**Were you denied Physical Therapy? YES: \_\_\_ NO: \_\_\_**  
**Do you have an IME scheduled? YES: \_\_\_ NO: \_\_\_**  
**If yes: DATE: \_\_\_ / \_\_\_ / \_\_\_**

<p><b>Queens</b></p> <ul style="list-style-type: none"> <li>• Physical Medicine &amp; Rehabilitation of NY, P.C. Gautam Khakhar, M.D., FAAPMR. <a href="#">Bio</a> 95-20 Queens Blvd., Rego Park, NY 11374.</li> <li>• Pappas Physical Medicine &amp; Rehabilitation, PLLC Mike M. Pappas, D.O. <a href="#">Bio</a> 31-35 31st Street, Astoria, NY 11106.</li> </ul>	<p><b>Brooklyn</b></p> <ul style="list-style-type: none"> <li>• DHD Medical, P.C. David H. Delman, M.D. <a href="#">Bio</a> 2132 Ralph Ave, Brooklyn, NY 11234.</li> <li>• DHD Medical, P.C. David H. Delman, M.D. <a href="#">Bio</a> 3907 4th Ave, Brooklyn, NY 11232.</li> </ul>
<p><b>Nassau</b></p> <ul style="list-style-type: none"> <li>• Sports Medicine &amp; Spine Rehabilitation, P.C. Joseph Gregorace, D.O. <a href="#">Bio</a> 160 N. Franklin Street, Hempstead, NY 11550. <a href="#">Map it</a></li> <li>• Premier Physical Medicine &amp; Rehabilitation, P.C. Raj Tolat, M.D. <a href="#">Bio</a> 54 W. Merrick Road, Valley Stream, NY 11580.</li> <li>• Sports Medicine &amp; Spine Rehabilitation, P.C. Joseph Gregorace, D.O. <a href="#">Bio</a> 2570 Merrick Road, Bellmore, NY 11710.</li> </ul>	<p><b>Bronx</b></p> <ul style="list-style-type: none"> <li>• Physical Medicine &amp; Rehabilitation of NY, P.C. Gautam Khakhar, M.D., FAAPMR. <a href="#">Bio</a> 3815 Putnam Ave, Bronx, NY 10463.</li> <li>• Physical Medicine &amp; Rehabilitation of NY, P.C. Gautam Khakhar, M.D., FAAPMR. <a href="#">Bio</a> 675 Morris Ave, Bronx, NY 10451.</li> </ul>
<p><b>Suffolk</b></p> <ul style="list-style-type: none"> <li>• Perry Physical Medicine &amp; Rehabilitation, P.C. Jeffrey Perry, D.O. <a href="#">Bio</a> 2033 Deer Park Avenue, Deer Park, NY 11729.</li> </ul>	<p><b>Manhattan</b></p> <ul style="list-style-type: none"> <li>• DHD Medical, P.C. David H. Delman, M.D. <a href="#">Bio</a> 48 East 43rd Street 6th Floor, New York, NY 10017.</li> </ul>

The New York automobile No-Fault Law ensures that insurance companies pay for car accident medical expenses, lost earnings and other costs, no matter who's is to blame for the accident. This law allows for immediate compensation ensuring that an injured victim is taken care of before litigation over fault and amounts owed.

In New York State an insurance company is required to pay drivers, passengers and pedestrians up to \$50,000.00 for losses. The laws have been updated since to stipulate certain requirements.

The New York No-Fault Law also specifies the following coverage:

Accident-related medical and rehabilitation expenses include:

- 80% of lost earnings from work, to a maximum of \$2,000 per month for up to 3 years after the accident, subject to offset by other benefits received.
- Up to \$25 per day for a year following the accident for transportation to/from medical treatment, household help and other reasonable and necessary expenses; and
- A \$2,000 death benefit, in addition to the \$50,000 benefit, payable to the estate of a victim who dies in an auto accident.

***For Further Questions Please Contact Us At 800-949-6100***