

MMI Personal Injury Protection Coverage (PIP) Authorization Form

Dear Patient,

You have indicated to us that you were involved in an automobile accident. As a courtesy to you, we will file for benefits under your Personal Injury Protection Coverage (PIP), so you can be reimbursed for today's services. Even if someone else is at fault, you may use your PIP coverage for these expenses. Using your PIP coverage will not increase your auto insurance premium. Please note that in the event your insurance carrier requires copies of your medical records to process your claim, you will be requested to pay the processing fee, plus postage before records can be sent. Once PIP benefits are exhausted, it is your responsibility to obtain a letter from your PIP carrier indicating there are no further benefits available **BEFORE** we can begin filing for services rendered to your health insurance company for possible processing.

Automobile Insurance Company Name: _____

Address: _____

Phone Number: _____

Agent's Name and Address if different from above: _____

Claim Number: _____ Policy Number: _____

Date of Accident: _____ Location: _____

Driver's Name at the Time of Accident: _____

I, _____ authorize MMI to apply for benefits on my behalf for all services rendered. I further authorize the release of all medical information necessary to process my claims. I request that payment be made directly to MMI. I permit a copy of this authorization to be used in place of the original. If it is necessary to turn this account over to a collections agency/attorney, I agree to pay all reasonable costs of collections, attorney's fees and a one-time service charge of 25% of the balance due.

Signature of Patient or Legal Guardian

Date