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NO-FAULT BILLING INFORMATION

We accept no-fault rates and we bill your insurance company directly. We ask you to sign the release below that will allow your company to pay us directly. No-fault insurance in New York means that medical coverage is made by your own insurance company (or the insurance covering the car you were riding in), unless you were a pedestrian.

We need the following information in order to process your claim:

Date of Accident: _____

Your insurance company: _____

Insurance company address: _____

Insurance company phone: _____

Your policy (or claim no.) number: _____

Whose name the insurance is under? _____

Have you notified the insurance company and filled out the necessary accident forms? Yes No (circle one)

What state did the accident occur in? _____

Your lawyer's name and address (if applicable) _____

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If you were a pedestrian (or on a bicycle):

Name of the insured whose car was involved: _____

Their insurance company: _____

Insurance company address and phone #: _____

Their policy number (or claim no.) _____

Name of the driver of the car: _____

What state did the accident occur in? _____

Have you notified the insurance company and **filled out the necessary accident forms**? Yes No (circle one)

I hereby authorize Cayuga Orthopaedic and Sports Physical Therapy, P.C. (COAST Physical Therapy) to furnish my insurance company with full information regarding treatment rendered when so requested. I also authorize my no-fault company to pay COAST Physical Therapy for physical therapy treatments rendered to me at their office.

I further understand that I am ultimately responsible for payment due for physical therapy services rendered on my behalf.

Signature

Date