

**No-Fault Auto Med-Pay
Pre-Certification Insurance Quote**
Advanced Physical Therapy Center of Stamford, LLC

Patient: _____

Date: _____

_____ Medical Coverage Total Benefit Amount \$ _____

_____ your no-fault carrier would not disclose monetary amount of coverage

Please be advised that it is your responsibility to be aware of the amount of medical coverage on your no-fault auto policy as most no-fault carriers will not disclose to Advanced Physical Therapy Center of Stamford, LLC (APTC) the amount of medical coverage or when the benefit has been exhausted.

It is your responsibility to notify APTC immediately if you exhaust your no-fault auto med-pay benefit. This will allow us to submit your medical claims to your primary health insurance carrier listed below.

Insurance Company _____ Phone # _____

Member ID# _____ Cardholder's Name: _____

Cardholders Date of Birth: _____ Is a referral required: Yes / No

When this occurs, we will provide you with a new quote of benefits from your primary health insurance carrier. Based on your plan, you will be required to pay your copayments, co-insurance and deductibles as APTC does not accept attorney "letters of protect" or "wait for settlement".

Please be aware that you will be held financially responsible for payment if your insurance company(s) deny payment for services rendered at Advanced Physical Therapy Center. Therefore, you may also want to verify your benefits with both insurance companies by checking on-line or calling the 800 number on your insurance card.

Patient's Signature

Date