

Out of State Worker's Compensation Agreement

Patient Name: _____ State with Jurisdiction: _____
 WC Insurance or TPA: _____ Name of Adjuster: _____
 Claim Number: _____ Date of Injury: _____
 Patient DOB: _____ Patient Address: _____
 WC INS Billing Address: _____
 Adjuster Phone: _____ Adjuster Fax: _____

OrthoIndy Hospital has been requested to take over care for the above referenced patient. Both OrthoIndy Hospital and the insurance representative who signs this agreement are aware that OrthoIndy Hospital collects per Indiana fee schedule. Billing for OrthoIndy Hospital includes facility services, physical therapy or imaging done with OrthoIndy Hospital, as well as technical components of injections and surgery on UB04.

I agree to pay within 45 days of claim receipt.

Please check the box above if you agree to pay per Indiana fee schedule.

The rate set forth in this agreement represents the total amounts to be received by OrthoIndy Hospital from the insurance company for all dates of service rendered to the above mentioned patient, and OrthoIndy Hospital agrees no further billing for the dates of service to the insurance carrier, patient, the employer or representative thereof.

In witness whereof, the parties hereto have caused this agreement to be executed by their respective duly authorized representatives.

 Carrier (Print Name)

_____/_____/_____
 Date

 Signature of Authorized Representative for Carrier

_____/_____/_____
 Date

 Provider (Print Name)

 Signature of Authorized Representative for Provider

Please review, sign and fax this agreement to OrthoIndy **317.802.2169**. Upon signing of this agreement it will be faxed back to the representative so that both parties shall have a copy on file for their records. The determination will be made by a representative of OrthoIndy of whether or not the patient is approved prior to the work comp department scheduling an appointment. Please be advised that the OrthoIndy work status reports and dictations must be acceptable for you. We do not fill out any forms for a different state's jurisdiction outside of Indiana. The PPI rating must also serve as stated. If your state requires PPI to be converted, you must speak to a physician in your patient's jurisdiction.