ORTHOINDY
BONE · JOINT · SPINE · MUSCLE

8450 Northwest Blvd.
Indianapolis, IN 46278
Phone: 317.802.2442
Fax: 317.802.2169

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 has been requested to take over care for the above referenced patient. Both OrthoIndy and the insurance representative who signs this agreement are aware that OrthoIndy requires 75% reimbursement for clinical and professional services. Billing for OrthoIndy will be submitted on form HICFA 1500.

☐ I agree to pay 75% of billed charges.

Please check the box above if you agree to reimburse as indicated and within 45 days of claim receipt.

The rate set forth in this agreement represents the total amounts to be received by OrthoIndy from the insurance company for all dates of service rendered to the above mentioned patient, and OrthoIndy 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 WC 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.