



Locations: Hawaii Kai –Waikiki –Pearl
Kai -Kakaako
Corporate Office 808-735-0007 Ext 137
WC/No Fault 808-425-3818

Workers Compensation and No Fault Financial Policy

PATIENT NAME: _____ DATE OF BIRTH: _____ VISIT ID # _____

Thank you for choosing Island Urgent Care for your care needs. We are committed to providing access to the highest quality affordable health care. We ask that you sign below to acknowledge your understanding and acceptance. A copy will be provided to you upon your request.

- 1) **Any patient** who presents to IUC with a possible injury will fill out an injury form stating where, what, why and when the injury occurred. This information is required by your insurance company and without it they may refuse payment and you will be responsible for the entire bill. We require a credit card on file to ensure that the services are paid in full if in the event the payer declines the injury or accident.
- 2) **WORKMAN'S COMP:** If you have an injury which occurred while at work, IUC will submit a claim on your behalf as a courtesy and seek payment for your services, from your employer's workman's compensation insurance carrier. At the time of visit, IUC will require the following information:
 - a) **Date of your injury, your employer's name, address and phone number, name of your supervisor or person to contact** regarding your injury, and the **name of your employer's workman's compensation insurance carrier**. If you are not able to provide us with the name of the workman's compensation carrier at your first visit we ask that you obtain this information. **If IUC does not receive this information within two days from the date of your first visit, we will refuse further service related to your injury.** You must inform your employer of your injury prior to being seen by us. If you are unable to inform your employer before you are seen, you will need to make sure you do so after you have been treated. If you do not file an injury report with your employer (WC-1) and provide a copy for our file, you will be responsible for the claim and we may refuse further service related to your injury. If you request that we submit a claim to your workers compensation insurance carrier and your injury is determined to be non-work related, IUC will provide billing to your commercial payer providing that we participate with their plan. IUC cannot change our documentation once you have reported to Island Urgent Care staff that your visit was due to an injury that occurred at work or was related to work. If your claim is denied for any reason or if your employer fails to timely file your claim, you will be held responsible for the full payment for the services rendered. If you have been treated by another physician for your injury, other than an emergency room visit, before coming to Island Urgent Care, we will not be able to assume care for your injury. If your claim is rejected due to errors in the information you provided, you will be responsible for all charges.
 - b) IUC Workers Compensation Case Manager is at 808-425-3818 If there is information needed to file a claim or added information regarding the claim, please call IUC - immediately. We will update your claim information and make appropriate contact to ensure the claim is accurate.
 - c) If your Workers compensation carriers suspends or withholds payment due to pending further investigation of a claim, IUC cannot continue to provide care unless you are willing to pay for all services related to the claim going forward, due at time of service.
- 3) **NO-FAULT LAW:** If you were injured as a result of an automotive accident **which occurred in Hawaii**, we will seek payment for your services from the no-fault insurance carrier of the owner of the vehicle you were riding in, regardless of who was at fault for the accident. If you are the vehicle owner, you are required to give us a copy of your valid **no-fault insurance card** and your **insurance claim number**. If you were not the owner of the vehicle, you are required to give us a **police report number as well as a copy of the police report within 48 hours** of the accident. Only when IUC has knowledge of the insurance carrier can we seek payment from for your services. If you do not provide this info, you will be responsible for the entire bill.
 - a) A denial from your No-Fault Auto carrier stating you have exhausted your no-fault allowances or stating you are not eligible for payments under no-fault law may produce a claim to be filed with your commercial insurance. When billing your **medical** insurance carrier, we are required by law to report on our claim submission that your injury was the result of an automotive accident.
- 4) **CREDIT CARD TOKEN:** Patients are required to provide a Debit or Credit Card ('Token') on file by visit for any No-Fault visit. This information is held confidentially according to the national security standards (PCI Standards). Once your insurance has adjudicated your claim, any remaining balance will be deducted from your credit card account.
- 5) If your automotive related injury occurred more than three months prior to the current of date of visit, IUC requires a letter of authorization for medical services stating that benefits have not been exhausted.
 - a) Without proof of coverage and or benefits, the visit is payable in it's entirety at time of service.
 - b) A \$30 administrative fee as well as any bank fees incurred will be assessed for each electronic transaction denied by your bank for any reason.
- 6) Any and all charges that are denied or non- payable are the responsibility of the patient.

I have read, understand and agree to the guidelines outlined in this policy. Your parent or legal guardian must sign below, if you are under the age of 18

Signature required: _____

Date of service: _____

If patient is under the age of 18:

Parent/Legal Guardian's printed Name: _____

Relationship to patient: _____