



3rd Party Coverage Cases

3rd Party Coverage refers to the liability insurance coverage of the at-fault party. If you don't have PIP (Personal Injury Protection) coverage, or you've exhausted your PIP benefits already (and you still need medical treatment) you are in a 3rd Party Coverage situation.

Patients may then pursue the at-fault party's insurance company to cover their ongoing treatment. In many 3rd Party Coverage situations, healthcare professionals (massage practitioners, chiropractors, physical therapists, etc.) who provide patients treatment services may not be paid until that patient's claim is completely settled. This can take anywhere from six months to three years or longer (in WA state, you have a right to keep your claim open up to three years after the date of the accident). In some cases health care practitioners also run the added risk of not even receiving full payment for those services, even after waiting up to three years.

In order for us to reduce these risks of serving patients in 3rd Party Coverage situations, we require that you read, understand and agree to our 3rd Party Insurance Coverage Policies below prior to your first appointment with us.

3rd Party Coverage Payment Policies

As a 3rd Party Coverage patient, you are responsible for the following:

- ⌘ Costs of medical massage services provided by Living Lotus Massage.
- ⌘ \$50 administrative fee for setting up your 3rd Party Coverage case with Living Lotus Massage.
- ⌘ Reasonable time, travel and administrative costs for Living Lotus Massage to participate in legal proceedings (depositions and/or consultations with attorneys, providing records, etc.).
- ⌘ Payment in full of all health care services received, regardless of any settlement amounts you may receive.
- ⌘ Provide the following case information for the allegedly at fault party (Tortfeasor):

Tortfeasor's Name: _____ Address: _____

Insurance company: _____ Claim Number: _____

Insurance company's address: _____

Insurance company adjuster's name: _____ Ph: _____

Date of Accident (iOn or About): _____

Time and Place of Accident (iAround or Near): _____

To continue receiving medical massage from Living Lotus Massage as a 3rd party patient, you agree to:

- ⌘ A 1% per month compound interest that will be applied to your outstanding balance.
- ⌘ Provide a Letter of Guarantee signed by your attorney (guaranteeing payment will be paid in full once your case settles).
- ⌘ Inform Living Lotus Massage of any changes to your personal contact information (address and/or phone number), or your legal representation. If you change lawyers, make sure you inform us of your new lawyer's name and phone number).

Patient Agreement

I have read and fully understand these Living Lotus Massage 3rd Party Coverage Payment Policies and agree to abide by them. My signature below also authorizes Living Lotus Massage to release medical or any other information necessary to process my insurance claims.

Patient or Guardian Signature _____ **Date** _____