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Disclaimer

PRIVATE RESPONSIBILITY vs. WORKMAN'S COMPENSATION

Please read carefully and initial by the program that applies to you.

The injury that I am seeking treatment for today is **NOT** work related. I will **NOT** be filing a workers' compensation claim. I understand that failure to disclose this information truthfully could lead to all charges being transferred to my responsibility. I understand that in the event that I inform my personal health insurance that this injury is work related and I have not filed a workers' compensation claim, that my **personal health insurance may not accept responsibility for the charges incurred and that I will be held responsible for payment in full.** I fully understand that all charges incurred are ultimately my responsibility and that filing insurance will only be performed for contracted insurances.

Patient Signature: _____ Date _____

Print Patient Name: _____

OR

The injury that I am seeking treatment for today **IS** work related and I **will** be filing a workers' compensation claim. I understand that the work comp rules are as follows:

- 1) **Workers' Compensation under TX W/C Guideline:** Your first report of injury must be on file with the workers' compensation insurance company and they must approve your visit. The only exception to this would be emergency treatment through the ER. _____
- 2) **Self Funded Workers' Compensation:** Guidelines still apply as listed above but the patient must understand that if the Self Funded Company defaults, the patient will be responsible for all charges. _____
- 3) **Occupational Workers' Compensation:** Must have approval prior to visit and the insurance company will not offer open medical for life on compensable injury. Occupational Policy will have a cut off date and it will be your responsibility to know that time frame. Any and all charges after that date will be billed to the patient and payment will be expected at the time of service. _____
- 4) **Employers with No Coverage:** Payment is due in full at the time service. _____
 - a) Employers will need to sign a contract prior to visit
 - b) Payment is due in full at each visit.
 - c) Surgery charges will be the only exception to this. Employers will need to sign a contract agreeing to payment arrangements. _____

Print Patient Name _____ Print Employer's Name _____

Signature _____ Signature _____

Date _____ Acct# _____ Witness _____