



Personal Injury Claim Process

Depending on the no fault status and other state regulations, a patient may decide to submit their accident related medical bills to their insurance company's PIP coverage or MedPay plan. Prior to accepting a personal injury patient's case, it is important to **1** obtain from the patient as much information about the accident and type of coverage. A provider must then **2** verify all the information with the carrier* prior to treatment; to include claim number, date of injury, medical claim submission address. **3** The provider renders treatment and then **4** the office submits the claim along with documentation of treatment to the insurance carrier. The insurance carrier will **5** review the provider's claim and supporting documentation. This information is verified against the allowed condition and reported injury that is on file for that claim number. The patient's PIP/Med Pay carrier sends the validated claim to the Claims Review Process. The claim payment is **6** aligned with the state benchmark charges and coverage limitations; payment (if applicable) is then processed. NOTE: Sometimes at this point, a Silent PPO fee structure is applied to the claim. The personal injury carrier **7** then issues payment, if applicable, along with an Explanation of Benefits (EOB) to the provider.

**Note: 3rd party claims have different rules and limitations; they are not the patient's insurance carrier. We recommend, in these cases, that you provide a Superbill to the patient and have them file with the 'other' carrier.*

