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| **Russell Friedman & Associates**  400 Garden City Plaza, Suite 500  Garden City, NY 11530  Email: Newfiles@rfriedmanlaw.com  Ph: 516-355-9696 Fax:516-355-9697  Hospital Physician Services NO-FAULT FILING CHECKLIST\* | | | | | | | | | | | | | |
| **PATIENT NAME** *(Last, First, M.I.):* | |  | | | | 🞎 M 🞎 F | **D/O/L:** |  | | | | | |
|  | | | | | | | | | | | | | |
| **All Bolded Items are necessary to file in a expeditious manner- If Not Available, so indicate** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **INSURANCE COMPANY:** | |  | | | | | | | | | | | |
| **CLAIM #:** | | | POLICY # | | | | | | | | | |
| **NAME AND ADDRESS OF POLICYHOLDER** (if different from above)**:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **INFORMATION/DOCUMENTATION NEEDED** | | | | | | | | | | | | | | |
| **Accident Info** | 🞎 Financial Records which may include: | | |  | | | | | | | | | | |
| **🞎 Assignment of Benefits** | | | 🞎 Auto Insurance Card 🞎 Police Report 🞎 Account Notes | | | | | | | | | | |
| 🞎 OTHER (Please Describe): | | | | | | | | | | | | | |
| **Treatment Records Attached** | 🞎 **Itemized Bills -HCFA 1500, NF-3, or NF-4** | | | | 🞎 Narrative Reports | | | | | | | | | | |
| **🞎 Progress/Office/Soap Notes** | | | | 🞎 Surgical Records | | | | | | | | | | |
| **🞎 Diagnostic Tests and Results** | | | | 🞎 **Prescription/Referrals if MRI, Radiology, Pharmacy, Other** | | | | | | | | | | |
|  | 🞎 Referring Physician Information in order to obtain Physician Records to support Prescriptions | | | | | | | | | | | | | | |
| **Carrier**  **Correspondence** | **Denial (s) Available** | | | | | | | | 🞎 | Yes | 🞎 | No | | |
| 🞎 **Verifications Received** | | | | **🞎 Responses to Verification, with record of or proof of mailing / Fax Confirmation** | | | | | | | | | |
| 🞎 **45 Day Denial** | | | | 🞎**45 Day Denial**- **Proof of Mailing or Reconsideration Letter** | | | | | | | | | |

Specialty Specific Notes:

* This Checklist is for Use with Anesthesia, Including Pain Management Procedures, and for Operative Procedures;
* Chemical Dependency and Psychiatric Services Should Have Demonstrated Causal Relationship to Motor Vehicle Accident by History, ICD-10, and Notes/Records Provided. If Not, Then Not Services Not Coverable by No-Fault and Should Not Be Referred to Firm for Arbitration;
* Radiology—If Prescribing/Referring Physician is Not Employed by the Hospital, Then Contact Information for Referring Physician Should Be Supplied to RFA the Firm;
* All Other Ambulatory Services—The Firm Should be Provided with Full Records. If Treating Surgeon is Not Employed by the Hospital, Contact Information for said Surgeon Should be also be Supplied to RFA.

**\* This Checklist is Provided for Guidance Purposes Only. This Form Need Not Be Completed When Referring a File to the Firm for Arbitration.**