FOR USE IN MOTOR VEHICLE ACCIDENT CLAIMS

HEALTH BENEFIT AFFIDAVIT

In accordance with Chapter 272 of the Acts of 1988, we are required to obtain information regarding other health benefits (HMO, Blue Cross and Blue Shield, Commercial health insurance, etc.) available to you before we can process your claim for Personal Injury Protection Benefits (P.I.P.).

Any medical expense in excess of $2,000.00 will be paid under the P.I.P. benefit after those expenses have been compensated, paid or indemnified by an outside carrier (i.e. Your Health insurance carrier). Bills submitted to the auto carrier for payment over the $2,000.00 limit must be accompanied by a statement from your health insurance carrier as to their reason for non-payment of your bills. Then the balance of those services will be considered by the PIP carrier. Medicare is exempt from this guideline unless you have already reached your $8000.00 maximum in PIP benefits.

If you have health insurance benefits available to you, please complete Section I. If your health insurance does not cover Chiropractic services, please be sure to complete Section II. If you do not have any health insurance benefits available, please sign Section III.

SECTION I: Benefit Information

Your name: (please print)_____
Insured's name: _____
Health Insurance Company Name: _____
Health Ins. phone #:_____ Policy #:_____

Date:_____ Signature:_____

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SECTION II:

Your name: (please print) _____
This health insurance policy does not cover chiropractic services.

Health Insurance Company Name:_____

Date:_____ Signature:_____

SECTION III:

Your name: (please print) _____

I certify that I do not have any health insurance policy.

Date: _____ Signature: _____