

## **No Fault Insurance**

Buffalo Otolaryngology Group is pleased to provide care to patients with No Fault Insurance coverage. It is our policy to require secondary insurance information (if other insurance coverage exists) and a VALID REFERRAL for all treatment dates.

If there is no other insurance coverage, PRE-PAYMENT is required at the time of the visit. Once the No Fault insurance carrier makes payment for the visit, your pre-payment will be refunded. IF YOU ARRIVE FOR YOUR APPOINTMENT UNPREPARED TO MAKE PAYMENT, YOUR APPOINTMENT MAY BE RESCHEDULED.

This information MUST be provided:

Date of Auto Accident: \_\_\_\_\_

No Fault Insurance Carrier's Name: \_\_\_\_\_

No Fault Insurance Address: \_\_\_\_\_

\_\_\_\_\_

No Fault Contact Person: \_\_\_\_\_

No Fault Carrier's Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

If you have insurance forms that must be completed, please bring them with you for your office visit.

### OTHER INSURANCE INFORMATION:

If you have health insurance other than No Fault, please complete the following information:

Insurance Company Name: \_\_\_\_\_

Subscriber/Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

IF A REFERRAL IS REQUIRED FOR THIS INSURANCE, YOUR PRIMARY CARE PHYSICIAN MUST ISSUE A VALID REFERRAL.