



## **Policy: Non-Acceptance of Motor Vehicle Accident Cases**

### **Purpose**

This policy outlines the decision not to accept insurance for motor vehicle accident (MVA) cases for medical services, due to the uncertainty of insurance billing and potential delays in claim payments.

### **Policy Statement**

Elite Sports Medicine and Orthopedics will not accept cases where patients seek treatment for injuries related to motor vehicle accidents. This decision is based on the complexity and uncertainty surrounding insurance payments and coordination between auto, health, and third-party insurers.

### **Procedure**

#### **1. Initial Patient Screening**

- a. All new patients will be asked if their visit is related to a motor vehicle accident.
- b. If the visit is related to an MVA, the patient will be informed of the facility's policy not to accept insurance for MVA-related cases.

#### **2. Self-Pay Requirements:**

- a. All MVA cases will be treated as self-pay. Patients are required to make an initial deposit of \$300 at the time of the first visit. For any follow-up visits, a reduced deposit of \$150 will be required. This approach ensures that we can provide timely and effective care without delays associated with insurance processing.

#### **3. Referral to Other Providers**

- a. The patient will be referred to healthcare providers or urgent care facilities that accept MVA cases and handle insurance claims associated with auto accidents.

#### **4. Exceptions**

- a. Cases requiring immediate or emergency care will be handled in accordance with state laws and emergency treatment guidelines (e.g., EMTALA for emergency departments).

#### **5. Patient Communication**

- a. Patients will be informed of this policy prior to their appointment, ideally at the time of scheduling or when they first present at the facility.
- b. We appreciate your understanding and cooperation with our MVA policy. Our primary goal is to provide you with unsurpassed care while maintaining transparent and efficient billing practices. If you have any questions or need further clarification, please do not hesitate to contact our billing department.



## Rationale

Motor vehicle accidents often involve complex insurance claims, including auto insurance, health insurance, and potential legal settlements. This complexity can result in delays in payment, claim denials, and administrative burden. To minimize financial risk and maintain operational efficiency, this policy ensures clear communication with patients about the types of cases the practice will accept.

In Tennessee, medical billing for motor vehicle accidents (MVAs) typically involves coordination between auto insurance and health insurance providers.

1. **Auto Insurance as Primary Payer:** In most MVA cases, the patient's auto insurance (or the at-fault driver's insurance) is the primary payer. Tennessee follows an "at-fault" system, meaning the party responsible for the accident is liable for medical costs. Auto insurance policies often include *MedPay* or *Personal Injury Protection (PIP)* coverage, which may be used for medical expenses.
2. **Health Insurance as Secondary:** If MedPay or PIP is exhausted or if the patient does not have auto insurance coverage for medical costs, their health insurance may be billed as the secondary payer. However, many health insurance policies have clauses requiring auto insurance claims to be settled first.
3. **Lien Filing:** In some cases, healthcare providers may file a medical lien against any settlement the patient receives from the at-fault party's insurance. This ensures that medical expenses are recovered directly from any compensation the patient receives.
4. **Subrogation:** Health insurers may seek to recover costs through subrogation. This means the insurer can claim reimbursement from the settlement or payout from the at-fault party's insurance once the case is resolved.
5. **Coordination of Benefits:** It's important to coordinate benefits between the patient's auto insurance, health insurance, and any third-party liability (like the at-fault driver's insurance). Policies should outline how to handle this process, ensuring that all claims are properly submitted to avoid delays or denials.
6. **Patient Responsibilities:** Patients may be responsible for providing information about their auto insurance and any other involved parties. They may also need to sign forms allowing the healthcare provider to communicate with insurance companies.