

MVA Packet Verification

Motor Vehicle Authorization

A HIPAA compliant authorization must be obtained from the patient before we can bill the auto insurance (PIP or Third Party). An MVA packet will be given to the patient. The MVA packet consists of two forms: Information Necessary for Motor Vehicle Billing and Authorization to Disclose Healthcare Information.

The following criteria must be provided by the patient when completing the following forms in the MVA packet:

Authorization to Disclose Healthcare Information:

- **Patient Identification:** This is the patient's name, address, phone number and date of birth.
- **Insurance Name and Address:** Name and address of the auto insurance responsible for payment. Auto insurances typically use a PO Box for their address.
- **Expiration Date and/or Condition:** The patient can indicate one of the following: A specific date, a date range (90 days), a statement of "duration of claim" or "never". If the patient does not complete this area the release will expire one year from the date of signature.
- **Signature and Date:** The patient must sign and date the form

Information Necessary for Motor Vehicle Billing:

- **Date of Accident:** Date of Loss
- **Claim Number:** Claim number of the auto insurance responsible for payment.
- **Policy Holders Name:** The person who holds the insurance.