

ATKINSON, PETRUSKA, KOZMA & HART, P.C.
PO BOX 540
GAYLORD, MICHIGAN 49734
(989) 732-2491

**NO-FAULT CLAIMS
INSTRUCTIONS FOR SUBMITTING CLAIMS**

The guidelines referenced below are provided to assist you in handling your own no-fault case.

1. Request an Application for Benefits from the no-fault insurance company.
2. Complete the Application for Benefits form and return it to the no-fault carrier promptly. You must file the Application for Benefits within 1 year of your accident.
3. Under no-fault, you may be entitled to wage loss, nursing care, replacement services, mileage reimbursement to/from medical treaters and payment of accident related medical expenses, provided they are medically substantiated.
4. The carrier is not liable for payment of claims submitted to them after one year from the date a claim is incurred. Therefore, you should promptly submit any claims you incur to the carrier. Failure to file a lawsuit against the insurance company within one year of the date of a medical bill, the date wages are lost or the date any other claim arises, will result in the claim being barred simply because of the passage of time and regardless of the validity of the claim.
5. It is very important that you keep good records. In the event our office had to take over the handling of your no-fault case, we would request your records to see what had and had not been paid.
6. To submit a claim to your carrier:
 - a. Make a copy of the claim you will be submitting to the carrier for your own records.
 - b. On your copy of the claim, write the date that you are mailing the claim to the carrier.
 - c. Forward the claim to your carrier.
 - d. The carrier has thirty days from submission of the claim to either pay or deny payment of the claim.
 - e. If thirty days pass and no action is taken on the claim, contact the adjuster assigned to your case and follow-up on its status.
 - f. When you receive payment on a claim, write the date of the check and the amount paid on your copy.
 - g. Forward the checks to the appropriate medical or other providers.

Below is a description of your entitlements under no-fault (if applicable to your case):

A. *Medical Expenses:*

You are entitled to be reimbursed for **all accident related medical expenses** for the remainder of your life, even if you change automobile insurance companies.

If you have coordinated medical no-fault coverage, and if you have health insurance, you must first submit your bills to your health insurance company. Any amounts not paid by your health insurance company must then be submitted to and paid for by the no-fault insurer.

Check with your medical provider/biller for any additional costs associated with medical treatment you receive (i.e. multiple ambulance services providing transportation, medical procedures, surgeries, etc.).

B. *Wage Loss:*

You are entitled to wage loss (85% of your gross wages) for the period(s) of missed work as a result of injuries sustained in your accident. You may be entitled to receive wage loss benefits up to a maximum of three years following your accident. (**NOTE:** A physician's statement may be required by the carrier.)

You have been provided with a wage loss verification form. Submit this to your employer to complete it and then submit it to the no-fault carrier for payment of your lost wages.

C. *Attendant Care:*

You have been provided with an instructional sheet and blank forms. The person who performs the care for you is to complete, date and sign this form. Submit this form to your no-fault carrier. (**NOTE:** A physician's statement may be required by the carrier.)

D. *Replacement Services:*

You have been provided with an instructional sheet and blank forms. The person who performs the services for you is to complete, date and sign this form. Submit this form to your no-fault carrier.

Note, you may collect up to a maximum of \$20.00 per day for replacement services for a maximum period of three years following your accident.

E. *Mileage Reimbursement:*

You are entitled to mileage reimbursement for all accident related medical treatment you receive. This would include treatment at a hospital, physician's office, rehabilitation center, prescription pick-up at a pharmacy, etc.

The mileage rate to be used will be given to you at the time of your interview along with blank mileage logs for recording your round trip mileage. Once completed, submit the mileage log to the no-fault carrier for processing.

Remember to retain copies of any and all documentation exchanged with the carrier(s).

If you have any questions, please contact your attorney's office.

ATTENDANT CARE

I, _____ of _____ have provided attendant care for _____ on the dates listed below. For the care provided, which is described in detail below, I wish to charge the amount of \$14.00 per hour.

DATES OF CARE	DESCRIPTION OF CARE	HOURS PER DAY	TOTAL AMOUNT

Total Attendant Care: \$ _____

Dated: _____

Signed: _____

Printed Name: _____

Social Security # _____

Birthdate: _____

ATKINSON, PETRUSKA, KOZMA & HART, P.C.
P.O. BOX 540
GAYLORD, MI 49734
989-732-2491

Attendant Care Instructions

Under the Michigan No-Fault Act, injured persons may be entitled to attendant care services. Attendant care services are considered a medical expense. As such, they are not limited to a certain maximum charge per day. However, they must qualify as being reasonable and necessary for your care, recovery and rehabilitation. You may wish to ask your treating physician to authorize that you require such services.

Attendant services may be performed by anyone. The person providing these services need not be trained medical personnel.

Attendant services basically include activities a licensed practical nurse would perform including, but not necessarily limited to, the following:

Getting medications

Bathing

Physical therapy

Hot packs, soaks

Helping the injured person

move about the house

Driving (if physically unable)

Changing dressings

Dressing

Preparing special meals

Massage

**Helping into and out of bed,
chair, or car**

Each person that has performed any attendant care services for you should complete one of the home attendant care forms. They should list the date, a brief description of the services provided, the amount of hours spent performing the services, and the total amount charged for each service.

If you have any question as to whether or not a particular service is compensable as a attendant care claim, you should check with your attorney's office.

Please complete these forms and submit them to the insurance carrier, or return them to this office if instructed to do so, as soon as possible, so that they may be submitted to your no-fault insurance carrier for payment.

REPLACEMENT SERVICES

I, _____ of _____ have provided services for _____ on the dates listed below. For the services provided, which is described in detail below, I wish to charge the amount of \$10 per hour.

DATES OF CARE	DESCRIPTION OF CARE	HOURS PER DAY	TOTAL AMOUNT

Total Replacement Services: \$ _____

Dated: _____

Signed: _____

Printed Name: _____

Social Security # _____

Birthdate: _____

ATKINSON, PETRUSKA, KOZMA & HART, P.C.
P.O. BOX 540
GAYLORD, MI 49734
989-732-2491

Replacement Service Instructions

Under the Michigan No-Fault Act, injured persons are entitled to replacement care services. Replacement services are those things that the injured person would have performed for himself, herself, or their dependents, had it not been for his/her injury, and include, but are not limited to, such activities as the following:

Laundry
Cooking
Shopping
House cleaning
Babysitting
Household repairs
Mechanical work

Cutting firewood
Raking leaves
Shoveling snow
Mowing the lawn
Taking out the trash
Painting

You are entitled to a maximum of \$20.00 per day for replacement services. If several persons perform services for you on the same day, the total of all their services should not exceed \$20.00 on any one given day.

Each person that has performed any replacement services for you should complete one of the attached forms. They should list the date, a brief description of the services provided, the amount of hours spent performing the services, and the total amount charged for each service.

These services should be actual, legitimate services which you normally would have done yourself or for your dependents, and which you have had to have someone else perform for you. If you have a question as to whether or not a particular service is compensable, you should check with your attorney's office.

Please complete these forms and return them to this office as soon as possible, so that they may be submitted to your no-fault insurance carrier for payment.