


David Evdokimow, MD
PLASTIC & RECONSTRUCTIVE SURGERY

96 S. Finley Avenue
Basking Ridge, NJ 07920

Name of patient: _____

Policyholder Name: _____

Policy Number: _____

Claim Number: _____

Date of Accident: _____

21-Day Notification Of Treatment & Request For Acceptance Of Assignment

Dear _____:

This letter provides written notice that _____ has commenced treatment of the above named patient for the purpose of administering treatment for injuries sustained in an automobile accident pursuant to N.J.S.A. 39:6A-5 (a). Pursuant to the statute, we request that you confirm within a reasonable period of time that your policy provides personal injury protection coverage benefits as required by the New Jersey No Fault Act. In addition, as required by the PIP regulations, we request that you provide a description point review plan, including any pre-certification program, and any information necessary to comply with your policy form pursuant to N.J.A.C. 11:3-4.7 (d).

We also enclose a copy of our Assignment of Benefits form, which has been signed by your insured for your acceptance. Please notify us in writing that you have consented to the assignment of benefits. The Assignment of Benefits form executed by your insured is part of the valuable consideration required by this office and the continued provision of care to your insured is contingent on your acceptance of the assignment. If you refuse to consent to the assignment, please provide our office with the written reason(s) for the denial of consent. Additionally, if you fail to respond in a formal writing, we will deem any payment, or communication authorizing treatment to be an acceptance of our assignment and detrimentally rely on the same for the continued treatment of our patient/your insured.