

## FINANCIAL AGREEMENT PERSONAL INJURY

*We would like to take a moment to welcome you to our office and to assure you that you will receive the very best care available for your condition. In order to familiarize you with the financial policy of this office, we would like to explain how your medical bills will be handled.*

### PARTY RESPONSIBLE:

If you were involved in an auto accident in your own vehicle, we will bill the medical payments portion or Personal Injury Protection portion of your insurance policy to cover the treatment charges incurred in our office.

### MED PAY & PIP:

If you were a passenger in another vehicle, and you own a car which has PIP coverage, the insurance company which carries your policy will be responsible to pay your medical bills.

### 3rd PARTY:

If another vehicle has caused the accident, we will bill your automobile MedPay or PIP policy for coverage. After auto coverage has exhausted, we will bill your personal insurance if your person insurance has chiropractic coverage. Otherwise, you will be responsible for anything above and beyond your PIP coverage.

### ATTORNEY LIENS:

If you hire an attorney to represent you in a law suit, it is our policy to have your attorney sign a Doctor's Lien. This will guarantee direct payment to our office for any unpaid balance upon the settlement of your law suit. We retain the right to first submit all charges to your private and/or auto insurance policy for payment. Further, this office does not discount or reduce the amount of your balance based upon the outcome of your settlement.

### RESPONSIBILITY FOR PAYMENT:

As a courtesy to you, we will gladly submit your charges to your insurance company(ies) and/or your attorney; however, all services rendered by this office are charged directly to you, and ultimately, you are personally responsible for payment of these charges, regardless of any insurance reimbursement or settlement you may or may not receive.

Once again, we welcome you to our office. We hope that this has answered any questions that you might have about our financial arrangements. If, at any time, you have further questions about your care, please don't hesitate to ask.

I have read and agree to the above.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_