

BACK TO BACK CHIROPRACTIC

FINANCIAL AGREEMENT CAR ACCIDENT

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

Responsibility for Accident

If you were involved in an auto accident, that you were responsible for, in your own vehicle, we will bill your Med Pay portion of your car insurance policy (if available) for services rendered in our office.

If you were a passenger in another vehicle, the car insurance company that insures that vehicle may be billed for the charges of your medical services.

If another vehicle, other than the vehicle you traveled in, caused the accident, we will first bill your car insurance Med Pay portion for medical services rendered. If your car insurance policy does not include a Med Pay portion, we will require that you sign a lien and obtain an attorney. By signing the lien we agree, as a courtesy to you, to defer payment of your medical bills until your settlement is received. If care is discontinued before your treatment plan is complete, payment of your account is due immediately. 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 provide your insurance company and attorney with all the information they might need to negotiate and provide payment for any charges you occur in our office. However, all charges for services rendered in our office are charged directly to you and ultimately you are personally responsible for payment of these charges.

We hope this has answered any questions that you might have about our financial agreements. If at any time you have further questions regarding your financial agreement please do not hesitate to ask us anything that's on your mind.

I have read, understand and agree to the above financial agreement.

Patient's Signature

Date

Patient's Name

Witness

Date