

Financial Options For Auto Accidents/Personal Injury Claims

Automobile Med Pay Insurance

Our office policy is to first utilize your med pay. This is the health insurance portion of your auto insurance policy that covers you in your car. You need to contact your insurance agent to set up this claim. Our office is not contracted with your auto insurance company and therefore not able to initiate this claim. Please provide us with a photocopy of your auto insurance card.

Signature_____ Date_____

Major Medical Insurance

If you do not have med pay insurance our office policy is to bill your major medical insurance. This insurance may also be used to supplement your auto insurance policy if it states they are secondary to any health insurance coverage. You will be responsible for your deductible and any co-payments at the time of service required by your health insurance. We will also need photocopy of your major medical card.

Signature_____ Date_____

CASH

If the first or second options are not available to your please see our cash financial policy.

Signature_____ Date_____

LIABILITY/LIEN CASE

In some circumstances where we choose to accept this type of case, you must have an attorney. We will need liens signed by you and your attorney.

REPORTS

Should an insurance company or "attorney request reports, copies of records, court deposition, court testimony or other information this is to be provided at your obligation. These reports are to be prepaid by you, your attorney or insurance company.

Our goal is to get your health as close to pre-accident status as possible. If this is not possible, it is our responsibility to release you once you have obtained maximum medical improvement. If our doctors have not released you from care and you discontinue care for any reason, full payment will be due within 10 days of your last office visit. If your insurance company mails a check to you, you must bring the payment to our office within 10 days of receiving the check.

I have read the FINANCIAL POLICY and agree to the conditions of the arrangements as outlined above. I understand that all the records including x-rays, are permanent records of this clinic. Copies are available at a nominal charge. A copy of this agreement shall serve as the original. Please sign which insurance option you will need to utilize.

Date

Signature of Patient/Guardian

Signal Hill Chiropractic Center _____ Witness