

FINANCIAL AGREEMENT PERSONAL INJURY

Our staff is committed to providing our patients with the best care possible. In order for us to achieve this goal and better serve you, we need your assistance in obtaining the necessary and required information. In order to familiarize you with the financial policy of our office, we would like to explain how your medical bills will be handled.

Party Responsibility:

If you were involved in an motor vehicle accident in your own vehicle, we will bill the medical payments portion or Personal Injury Protection portion of your motor vehicle insurance policy. If you were a passenger in someone else's vehicle, we will bill the driver's motor vehicle insurance policy.

If you were a passenger in a vehicle which was not insured, but you own the vehicle which has medical coverage, the insurance company which carries YOUR policy may be responsible to pay your medical bills.

Billing Other Insurance Policies:

It is also your advantage for our office to bill your own health insurance policy and/or motor vehicle medical policy for you medical bills, providing your policy does not state otherwise. Any money received above and beyond your total bill in this office will be refunded to you.

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 first right to submit all charges to your private and/or motor vehicle insurance company(ies) 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 arrangement. If, at any time, you have further questions about your care, please don't hesitate to ask.

I, THE UNDERSIGNED, AGREE TO ALL THE TERMS AS LISTED ABOVE.

Patient Printed Name: _____

Signature: _____ **Date:** _____