

## PERSONAL INJURY FINANCIAL POLICY

Thank you for becoming a patient in our office. We are going to do our best to help you regain your health as quickly as possible.

We would like to explain our office payment policy for those patients, like yourself, who have been involved in a motor vehicle accident:

- 1) All personal injury forms must be filled out and returned to us within 3 days. If we do not receive these documents you will be billed and the amount will be due upon receipt
- 2) The best way to handle your personal injury is to bill your car insurance if you have a medical policy as part of your car insurance. This is not connected to your collision or liability portion of your policy and cannot affect your rates. You are responsible for giving us the information requested on our forms as requested above.
- 3) If you do not have med pay on your auto insurance you will need to retain an attorney to obtain a letter of protection. We will give you the names of the attorneys we prefer to work with.
- 4) If you have retained an attorney or change attorneys during the course of your care, please notify our office immediately. You and your attorney need to sign a financial lien so that your attorney/insurance company may pay us directly.
- 5) If you discontinue care without the doctor's authorization, the full balance of your account is due and payable immediately.
- 6) If your case is settled and you receive payment from your attorney or insurance company, it is your responsibility to pay any outstanding balance on your account immediately.
- 7) Our office will not enter into a dispute with any insurance company or attorney over your claim.
- 8) Our office will not negotiate our fees for services rendered. You are ultimately responsible for making sure that the services rendered on your behalf are paid for in full.

If you understand and agree with the above office policy, please sign your name below and we will work with all parties involved to obtain payment on your behalf.

If you have any questions, please feel free to ask. We will be glad to help.

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(patient signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)