

**FINANCIAL AGREEMENT
PERSONAL INJURY PATIENT**

Please initial next to the situation that applies to you

_____ IF YOU HAVE INSURANCE COVERAGE:

If you have health or accident insurance that will cover this claim, then once we have verified your coverage we will accept payment from your insurance. If your insurance does not pay 100% , the remaining balance is the patient's responsibility unless we have an agreement with an attorney. (See "Attorney" section.)

_____ IF THE OTHER PARTY HAS COVERAGE:

If you do not have coverage, but the other party does, then we will ask for payment from you. ***We are unable to bill third party insurance companies for any auto accident, regardless of fault.*** If the insurance company will pay you at the end of care, you will then have the following options:

- A. Hire an attorney, and payment will be made directly out of your settlement through your attorney once your case is settled. You will need to pay as you go until we receive a signed lien from your attorney.
- B. Payments can be made out of pocket for care with Visa, Mastercard, Care Credit, cash or check. We can give you a statement at any time during your care so that you can be reimbursed.

_____ IF YOU HIRE AN ATTORNEY:

If you hire an attorney, we will ask that you sign a lien form authorizing the attorney to pay us directly out of your settlement. We **MUST** have a signed lien from your attorney on your 1st visit to our office to avoid out of pocket payment. You will be responsible for your payment at the time of service until the lien is received. If you have any insurance coverage we will bill them directly for payment and any remaining balance will be paid through your attorney after the final settlement.

_____ IF YOU HAVE NO ATTORNEY AND NO COVERAGE:

If you have no insurance coverage that will pay for your treatment and you do not wish to hire an attorney, then you must pay as you go and we will explain different payment options.

It is important that you understand that you are personally responsible for your entire balance. If you agree to a settlement that does not cover your bill, or do not receive a settlement at all, you are still personally responsible for all of the charges you have accumulated.

I agree to all of the above conditions:

Signed _____ **Date** _____