

Placentia Linda Chiropractic
1050 E. Yorba Linda Blvd. Unit 104
Placentia, CA, 92870
(714) 223-5920

PERSONAL INJURY FINANCIAL AGREEMENT

We would like to take a moment and welcome you to our office and assure you that you will be receiving the best of care available.

In order to familiarize you with the financial policies of our office, we would first like to explain how your medical bills will be handled.

If you were involved in an auto accident, we will bill the medical insurance portion of the insurance policy for the vehicle in which you were riding. If you are the owner of the vehicle, we will bill your insurance company.

If you were a passenger in someone else's car, we will bill the driver's insurance company. (This is in addition to any claim you or your attorney may be presenting to an insurance company on your behalf.)

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

Billing your health insurance policy and/or automobile medical policy for your medical bills, and assisting and maintaining efficient office records reduces your out of pocket responsibility for professional services rendered.

If necessary, a staff radiologist will view x-rays taken in our office and give a detailed written report. Please be advised that unless paid at the time service is provided, the charges will be billed directly to your insurance company.

We want you to understand that we are treating your condition sustained as a result of an auto accident. We are not, in any way, treating your liability claim. As a courtesy to you, we will gladly submit all bills to your insurance company(ies) and/or attorney. However, all services rendered by this office will be charged directly to you and you will be personally responsible for the payment.

Once again, we would like to welcome you to our office. If you have any questions at any time, feel free to ask.

I have read and agree to the above.

Patient's Signature

Date