

Checklist for Personal Injury Patients

Please provide this office with the following:

- Copy of Driver's License
- Your Automobile Insurance Information
- Your Health Insurance Information
- Copy of Police Report
- Medical Records since time of accident
- X-rays since time of accident

How much damage was done to your vehicle?

Is there a fractured bone?

Scarring on the body caused by accident?

MEDICAL PROVIDER'S CONTRACT

This is an agreement between the undersigned patient, hereafter called "patient", and the provider, hereafter called "provider", for full and complete payment of the provider's medical services and expense by the patient from the proceeds of any insurance settlement, judgment at trial, or recovery from any other means or sources.

In consideration the provider hereby agrees to provide the patient or patient's attorney with reports of care and condition including a narrative report upon request.

In further consideration the provider agrees upon reasonable request to meet with the patient or the patient's attorney to discuss the treatment of the patient.

This is an obligation coupled with an interest. It is NOT an agreement for payment based upon the outcome of any claim or litigation.

Patient agrees to pay provider regardless of the outcome of any case, claim or litigation in which the provider's reports, notes care and treatment plan is used.

Following the outcome of the claim, case or litigation, if collection becomes necessary, patient will then become liable for interest at the highest current rate and provider's attorney fees and expenses for collection.

A copy of this contract is to be sent to the patient's attorney with a request the attorney follow these directions in making payment from any recovery to the undersigned provider.

This agreement shall follow the patient and binds all attorney or firms handling the patient's case.

Patient directs his attorney to withhold payment of the provider's total bill for services/expenses for any settlement to recovery from whatever source and to make payment immediately to the provider.

This direction is irrevocable and these directions must be followed by patient's attorney regardless of patient's wishes at a later date.

This agreement does not waive any right of the provider or preclude the provider from any reasonable actions to collect.

Read, understood, agreed and signed by these parties on this date _____.

Provider

Patient

Personal Injury Patients

- If you have "Medpay" with your personal auto insurance,**
 - We prefer to send claims to your insurance even if others were at fault.
 - This portion of your insurance should cover your care here unless your care exceeds your policy limits.

- If you do not have "Medpay" with your auto insurance,**
 - We will file with third party but expect full payment upon settlement.
 - We have little control when sending claims to a third party.
 - We request a credit card on account...since this is a form of credit.
 - We will request you sign a Lien advising them to pay for our service in full when they settle with you...if they do not acknowledge this request and pay or not pay you...you are responsible for this payment.
 - You will be asked to sign other office forms advising you of this.

- \$10.00 co-payment must be paid per visit.**
 - This will apply to your total bill and be reduced when settled.

- If you have an attorney,**
 - We will send copies or original claims to them.
 - Ultimately, full payment for our services is your responsibility.
 - If your settlement is less than desired...you are still responsible for our total bill even if we agree with your attorney to accept a less fee to assist them in closing your case.
 - You will be asked to sign other forms advising you of this.

- Using your Health Insurance**
 - If your Managed Care insurance carrier has contracted fees with us and you wish us to file with them...you will be responsible for the balance of our usual and customary office fees upon settlement...your co-payment must be made per visit.

Office fees can range from \$40 to \$400 per visit depending on services.

Outstanding Balances Are Sent To A Collection Service.

Their Professional Fees and/or Interest and Legal Fees Will Be Your Responsibility.

I have read and understand the above:

Signed: _____ Date: _____