ABOITE HEALTH CENTER, Inc. / LYONS CHIROPRACTIC CLINIC, P.C.

5649 Coventry Lane, Fort Wayne, IN 46804-7145 Phone: 260-436-6565

Personal Injury Financial Policy

 We welcome you to Aboite Health Center and assure you that we will provide the very best health care available for your condition. This policy explains how your bills will be handled. Our policy regarding payment for service is simple: Payment is due at the time service is rendered!

**PERSONAL INJURY FINANCIAL POLICY:** Payment is due at the time of service; we do not wait until settlement of any case for payment.

 MEDPAY (Medical Payments Insurance,) or “Med Pay Insurance”, protects you regardless of who caused the accident. Med Pay pays medical expenses for you and any passengers in your vehicle who are injured during an accident or auto-related injury. Thus, we will first bill your personal Med Pay insurance that insured the vehicle you were in at the time of the accident. For us to extend this courtesy, you must provide us with a copy of the automobile insurance declarations page and your driver’s license for use in verifying your coverage and identity. We will contact the company to verify eligibility of benefits. All information provided to us by the insurance company including any policy limitations or exclusions will be discussed with you.

 PIP (Personal Injury Protection): This insurance is used in no fault states like Michigan. If you are covered by PIP insurance. We will bill this insurance as outlined in the above paragraph for Med Pay insurance.

 4th PARTY: If another vehicle has caused the accident, we will first bill your automobile Med Pay or PIP. If your Med Pay or PIP is exhausted; we will bill your health insurance for your medical services, providing your policy does not state otherwise. Then, they may/will subjugate your settlement from your Personal Injury case to recoup their expenses; you still agree to be responsible for all deductibles and co-pays. If no insurance coverage exists; you will self-pay for all services.

**Attorney Letter of Protection:** If you hire an attorney to represent you in a law suit, it is our policy to have your attorney sign a “Letter of Protection”. This will guarantee direct payment to our office for any unpaid balance upon the settlement of your law suit. We retain the right to first submit all charges to your auto/health insurance policies for payment. Further, this office does not discount or reduce the amount of your balance at the time of your settlement; even though some partial payment has been accepted.

 Patients selecting to assign insurance payment to us, understand, this office submits bills and awaits direct payment from insurance companies as a courtesy, and that it in no way relieves patients of their financial responsibility to this office. If your insurance company denies or delays reimbursement to this office for any reason, we reserve the right to demand immediate payment in full from you, the patient. We will not enter into a dispute with an insurance company over reimbursement; this is the patient’s obligation. MONITORING ANY POLICY LIMITATIONS IS CONSIDERED THE RESPONSIBILITY OF THE PATIENT.

\_\_\_\_; (Patient initials confirming agreement that I am responsible for payment for services.)

 If you receive payment from your insurance carrier during the period which you assigned payment to us, you must bring the check into this office within one week of receipt, or on your next visit, whichever is sooner, and endorse it over to this office. Failure to do this may result in immediate collection action against you. Also, there will be a $30 charge for checks returned to this office for insufficient funds or any other reason.

I have read, understand, and agree to all of the above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_