

## PERSONAL INJURY FINANCIAL CONSULTATION

The purpose of this form is to define the financial arrangement between the Advanced Pain Relief Center/Allied Health Professionals, (herein" APRC/AHP"), you, (herein" Patient"), and the insurance adjuster or your attorney. The APRC/AHP agrees to accept assignment ( wait for the case to settle for complete payment) provided the patient agrees with and adheres to the following:

**1. The patient must provide the APRC/AHP with the following information:**

- A. Liability Insurance Co. name\_\_\_\_\_
- B. Adjuster's name\_\_\_\_\_
- C. Address\_\_\_\_\_
- City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_
- D. Phone #\_\_\_\_\_
- E. Claim #\_\_\_\_\_
- F. Date of accident\_\_\_\_\_

**2. Provide the attorney information if one has been retained. If you do not yet have an attorney and wish to retain one, please ask so we may assist you with the firms best able to handle a Personal Injury case.**

- A. Attorney's name\_\_\_\_\_
- B. Phone #\_\_\_\_\_

**3. Provide your own auto insurance information. If your policy has Medpay coverage (covers your medical expenses even when someone else is liable), we will file it for you. Your insurance premiums will not be affected if you file for Medpay benefits. Please note that the payment will be applied to your balance here in this office. When the case is settled with your attorney or the adjuster, if your Medpay has already paid your bill in this office, you will then be able to keep the entire settlement for yourself. If you have retained an attorney, make them aware that we are filing your Medpay, so they don't mistakenly file it again.**

- A. Insurance Co. name\_\_\_\_\_
- B. Policy #\_\_\_\_\_ Adjuster's Name\_\_\_\_\_
- C. Address\_\_\_\_\_
- D. City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_
- E. Phone #\_\_\_\_\_
- F. Medpay coverage Y N Coverage limits\_\_\_\_\_

4. Provide this office with a copy of the accident report. If you don't have an attorney, you must then get this from the police department in the county that the accident happened in.
5. Provide this office with copies of all medical records of all other physicians or hospital records that pertain to this accident.

*Please understand that all of the above information is needed as soon as possible in order to complete your final narrative to be mailed to your adjuster or attorney. We will be able to provide you verbal information regarding your account, but in order to protect the office financially, will not provide written documentation until the case has settled.*

*I understand that it is my responsibility to provide the APRC/AHP all of the information above as soon as practicable. I also agree to bring any insurance checks sent to me to the APRC/AHP within three days of receipt to avoid unnecessary upset. I agree that a 1.5 % finance charge will be applied to my unpaid balance to be started six months after my release date from treatment at this office.*

The personal injury financial consultation policy has been explained to me and all questions answered to my satisfaction. I understand my responsibility as it pertains to this case and agree to all of the above.

**Signature:** \_\_\_\_\_ **(seal) Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If we need to contact you regarding insurance or to reschedule an appointment, when would be the best time to reach you by telephone?

Monday - \_\_\_\_\_ am / pm

If necessary, may we contact you at work?

Tuesday - \_\_\_\_\_ am / pm

Yes / No If yes, what time?

Wednesday - \_\_\_\_\_ am / pm

Thursday - \_\_\_\_\_ am / pm

Friday - \_\_\_\_\_ am / pm