

AUTO ACCIDENT INSURANCE POLICY

*You may pay for your care by using one of these three methods:

1. MED-PAY

You auto insurance Med-Pay coverage will pay for your care in full, regardless of fault. Med-Pay is a set amount of funds, usually \$1,000, \$5,000 or \$10,000 which is put aside to pay your medical bills in case of an accident. You pay extra for this benefit, so use it. Your insurance rates are not affected by the cost of health expense, unless you are at fault. It is your responsibility to notify your claims office that you are being treated in this office and have them send any necessary paperwork directly to us. In the event your auto insurance DENIES that you hold insurance, REFUSES payment, DOES NOT HAVE Med-Pay coverage, or you have EXHAUSTED your Med-Pay coverage, charges for services are due and payable.

2. GROUP HEALTH INSURANCE

You group health insurance can be billed for your care. If you have an accident rider on your policy, it may be covered at 100%. You pay your deductible and co-payments as required and we will wait for the balance from the insurance company.

3. PATIENT PAYMENT

You can pay for your care as you go or we can arrange a convenient monthly payment plan for you. We will prepare billings for you to submit to your attorney, third party, etc.

You are considered a cash patient until all the required information is submitted to our billing office.

The only circumstance in which we will accept a lien is when all the above options are exhausted and you are making personal payments on your account. In this case, a lien may be accepted as promise to pay the remaining portion of your bill.

We will bill your auto or health insurance and have you assign payment to us. In the event that your insurance company sends a check directly to you, be sure to send or bring it in, along with the statement stub, within three (3) days of receipt. Otherwise, if we need to re-bill for unpaid balances, this could delay future payments.

If the insurance company fails to pay a portion of your bill after 90 days, that balance will be due and payable by you.

Policyholder's Name: _____

Insurance Company's Name: _____

Policy #: _____ Claim #: _____

Med-Pay Coverage? (Yes) _____ (No) _____ Amount: \$ _____

Adjustor's Name: _____ Phone#: _____

Claims Office Address: _____