KENMORE CHIROPRACTIC

Motor Vehicle Collision Financial Policy

This page is a continuation of our Office Policies page. ***Please read each section carefully and initial.*** *If you have any questions, do not hesitate to ask a member of our staff.*

1) PIP: I understand that if I have chosen not to have PIP coverage, or my coverage runs out, and you still choose to treat me, you will not be billing my health insurance for any services rendered in regards to my collision.
2) Assignment of Right to Pursue Auto Insurer: If my PIP or MedPay insurer does not fully pay all bills submitted to it by Kenmore Chiropractic, I hereby assign any and all rights under my auto policy (or under the policy covering the MVC in which I was injured) to Kenmore Chiropractic. I understand that this means that Kenmore Chiropractic may, without notice to me, file suit against said auto carrier in my name.
3) Medical Lien: I authorize Kenmore Chiropractic to file a medical lien against any applicable third-party insurance settlement, pursuant to RCW 60.44.010, et seq; and I understand that once the lien is fulfilled, I will be issued an original Satisfaction of Lien which I, myself, will be responsible for filing with the County Auditor. I understand that payment of any medical lien, may not fully pay my outstanding final charges due to Kenmore Chiropractic for treatment provided, and I may be required to make additional payments after the satisfaction of the lien.

Initial: _____

4) Transfer of Records: By initialing below I authorize the release of any information deemed appropriate concerning my physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred by me. My records are being maintained and the records will not be disclosed to anyone without my authorization or as compelled by Law. I have the right to review and/or copy my records. I will be charged a reasonable fee for copies as per RCW 36.18.020.
5) Payment: I authorize direct payment to you of any sum I now, or hereafter, owe you by my attorney out of the proceeds of settlement of my case, and by any insurance company obligated to reimburse me for the charges for your services.

Initial: _____

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient or Responsible Party's **Name**_____

Responsible Party Member's **Signature** _____ **Date** _____

On completion, if requested, we will provide you with a copy for your records.