

ATTENTION PATIENTS

PLEASE READ AND SIGN

IT IS VERY IMPORTANT THAT WE HAVE YOUR CORRECT INSURANCE INFORMATION.

*A CLEAR AND LEGIBLE INSURANCE CARD **MUST** BE PRESENTED AT THE TIME OF YOUR VISIT.*

IF YOU HAVE A WORKER'S COMPENSATION CLAIM OR HAVE HAD A MOTOR VEHICLE ACCIDENT, WE NEED THE FOLLOWING INFORMATION AT THE TIME OF YOUR VISIT:

- *DATE OF INJURY OR ACCIDENT*
- *CLAIM NUMBER*
- *THE FULL AND COMPLETE MAILING ADDRESS OF THE INSURANCE COMPANY*
- *THE ADJUSTERS NAME AND PHONE NUMBER*

IF WE DO NOT HAVE THE INFORMATION TO BILL YOUR INSURANCE, YOU WILL BE RESPONSIBLE FOR YOUR MEDICAL BILLS.

ALL APPOINTMENTS THAT ARE MISSED OR CANCELLED WITH LESS THAN A 24 HOUR NOTICE ARE SUBJECT TO A FEE OF \$100.00

SIGNED _____

DATE _____