

Fogarty Chiropractic Life Clinic



LASTING PURPOSE

Kevin Fogarty, D.C., F.I.C.A. (Hon)

THIRD PARTY BILLING

This is to certify that the below signed is a patient of the Fogarty Chiropractic Life Clinic and is receiving Chiropractic care for injuries sustained in an auto accident.

Per your request and/or the request of your attorney, you have asked this clinic to submit the charges for services rendered to a supplemental insurance carrier. This is a supplemental insurance policy to your personal injury protection covered by your auto insurance policy.

By signing below, you understand that any payment received by your insurance company, if not paid in full will act as a supplemental payment which will go towards your outstanding balance.

If this clinic is under contract to a group health policy under an HMO/PPO or capitation arrangement, any payment received will not be considered as payment in full, but rather a supplement to your outstanding balance and will be credited to your account as such.

Our clinic will be happy to continue to work with you and your attorney under a Letter of Protection to defer payment until settlement is reached if necessary.

I understand that I remain personally liable for payment of services rendered.

I certify that I have read and understand the above.

Patient's Signature

Date

Print Name

Witness Signature

Date

Print Name