

FINANCIAL AGREEMENT PERSONAL INJURY

We would like to take a moment to welcome you to our office, Multicare Health Center and to assure you that you will be receiving the very best care available for your condition. To familiarize you with the financial policies of our office, I would like to explain how your medical bills will be handled.

Party Responsibility

If you were involved in an auto accident and are the owner of the vehicle, we will bill the medical insurance portion of your own automobile insurance policy. If you were a passenger in someone else's car, we bill the driver's auto insurance company. (These policies will be billed in addition, and prior to, any claim that your attorney may be presenting to an insurance company on your behalf.)

If you were a passenger in a vehicle which was not insured, but you own a car which has medical coverage, the insurance company which carries YOUR policy will be responsible to pay your medical bills.

Insurance Rates

It is important to remember that when a medical claim is submitted to the "medical payments" portion of your insurance policy, your standing with the insurance company will not be affected, and your rates will not normally be increased, unless the accident is determined to be your fault.

Billing Other Insurance Policies

It is also to your advantage for our office to bill your own health insurance policy and/ or automobile medical policy for your medical bills, providing your policy does not state otherwise. Any money received above and beyond your total bill in this office will be refunded to you.

Responsibility for Payment

As courtesy to you, we will gladly submit your medical bills to your insurance company(ies) and/or your attorney; however, all services rendered by this office will be charged directly to you, and ultimately, you will be personally responsible for payment for these bills regardless of any settlement you may or may not receive. I understand that I shall continue to remain responsible for any uncollected or unpaid balance on my account. I agree to pay for attorney's fees and all costs incurred therein, in the event that it becomes necessary to enforce payment of a delinquent account by turning it over to an attorney. Venue for said suit shall be in Cook County, Illinois.

Once again, we welcome you to our office, Multicare Health Center. We hope that this has answered any questions that you might have about our financial arrangements. If you have further questions, please don't hesitate to ask.

I have read and agreed to the above.

Patient's Signature

Date