# *Advanced Chiropractic and Wellness Center*

122 Old Evans Rd
Martinez, GA 30907
706-738-7731

**List of Items to Bring to Your Appointment**

1. Accident Report, either police report or workplace.
2. Your auto insurance card, regardless of who's at fault.
3. Current copy of auto insurance policy with MedPay coverage amounts.
4. All insurance adjuster/agent's name and contact information.
5. Attorney name and phone number, and a contact person if you have one.
6. Medical records or imaging CDs (x-rays, MRI or CT), and ER visit records related to this accident or injury. These may be faxed or mailed to us directly on your behalf if you choose. It is extremely helpful to have these available at your first visit, but we can request them at that time, if it is not possible. Please be advised some tests or x-rays may be repeated if we are not able to view those records.

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## Personal Injury Information

Name:_____ Date:_____

Date of Birth:_____ Phone Number:_____

Address:_____

SSN:_____Driver's License Number:_____

Emergency Contact Name, Phone Number, and Relationship:_____

Name of Employer:_____ Occupation:_____

Address:_____

Phone Number:_____ Contact Person:_____

Date of Accident: _____

Have you lost time off from work due to the injury?_____ Dates:_____

Date you returned to work after accident:_____

Since the accident, are your symptoms: _____Improving _____Same _____Worsening

Has this injury made your work more difficult?_____ How?_____

_____

_____

Immediately following the accident how did you feel? Include emotions_____

_____

How did you feel in the few days after the accident?_____

_____

_____

# Accident Information

Date of Accident: _____ Time of Day: _____

Location: _____

Describe in your own words how this accident happened:

_____

_____

How many total vehicles were involved? _____

Have you contacted your insurance company? _____

Your agent/adjuster's name and contact info: _____

Have you been contacted by the other driver's insurance company? _____

Did the police come to the accident scene? _____

Were you the _____ Driver _____ Passenger_____ Pedestrian

Were traffic citations issued? _____ You _____ Driver of your car _____ Driver of the other car

If you were a passenger, where were you sitting? _____ Front _____Left Rear _____Right Rear

Did your vehicle hit another vehicle? _____ Speed at impact? _____ mph

Was your vehicle by other vehicle(s)? _____ How many? _____ Speed at impact? _____ mph

Was the impact from the _____ front _____ Rear _____Driver side _____ Passenger side

Were you wearing your seat-belt? _____ Did the airbag deploy? _____

Did you hit anything inside the car? _____ Steering wheel _____dash _____ Windshield Other: _____

What part of your body hit: _____

Did you lose consciousness? _____ Were you transported to the hospital via ambulance? _____

Did you go to the ER? _____ Did you see any medical provider prior to our office: _____

Who? Include names and dates: _____

_____

Were any x-rays, MRI or CT scans performed? _____

Were you admitted into the hospital? _____ How Long? _____

Describe all treatments and medications given. _____

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**Financial Agreement for Personal Injury Patients**

1. An attorney has been hired to represent me in my case.

   Attorney Name: _____ Contact: _____

   Phone Number: _____ Email/Fax: _____

2. My auto insurance has MedPay, which are medical benefits to cover me in case of an accident.

   Insurance Name: _____ Adjuster: _____

   Phone Number: _____ Claim Number: _____

3. Claims will be filed directly to the insurance of the vehicle at fault. I understand I will be responsible for paying 50% of the charges of EACH visit. For example, if my visit total is $50.00, I will pay $25.00 and the remaining balance will be allowed to accrue and will be submitted to the insurance company at the time of my release from treatment by Advanced Chiropractic and Wellness Center. I also agree that the amount owed on my balance it to be paid directly to Advanced Chiropractic and Wellness Center by the insurance company of the vehicle at fault.
   Insurance Name: _____ Adjuster: _____

   Phone Number: _____ Claim Number: _____

4. This is injury is the result of a work place injury and a Workman's Comp case has been filed.

   Adjuster Name: _____ Phone Number: _____

   Claim Number: _____ State of Case: _____

5. I choose to pay 100% of my charges. I understand I will be given my medical bills and chart notes if requested and I will be fully responsible for filing the necessary paperwork to the insurance company.

   **I select option _____ as the financial agreement for my case. I understand that these arrangements may need to change later, and I will notify my treating doctor immediately if they do.**

   I understand that I am ultimately responsible for all charges incurred during my care for this personal injury case. I understand that if the insurance claim is not paid in full or the legal suit is not settled in my favor, I will be responsible for, and plan to pay all remaining balances in full. **I understand that it is my responsibility to make sure Advanced Chiropractic and Wellness Center has received payment at the time of settlement.**

   Print Patient's Name: _____ Date: _____

   Signature of Patient or Guardian: _____

Initials_____

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## Medical Provider's Contract

This is an agreement between_____, and Advanced Chiropractic and Wellness Center, for full and complete payment of Advanced Chiropractic and Wellness Center's medical/healthcare services and expenses by the patient from the proceeds of any insurance settlement, judgement at trial, or recovery from any other means or sources. Advanced Chiropractic and Wellness Center's treatment or medical/healthcare bills were used in settlement, judgement, or recovery.

In consideration, Advanced Chiropractic and Wellness Center hereby agrees to provide, following the reasonable request and appropriate authorization, reports of care to the patient's attorney.

Patient agrees to pay Advanced Chiropractic and Wellness Center regardless of the outcome of any case, claim, or litigation in which Advanced Chiropractic and Wellness Center's reports, notes, care, and treatment plan are used.

Following the outcome of the claim, case, or litigation, if collection becomes necessary, patient will then become liable for interest at the highest current legal rate and Advanced Chiropractic and Wellness Center's attorney fees and expenses for successful collection of fees for service.

The attorney acknowledges receipt of contract and patient requests the attorney follow these directions in making payment from any recovery to Advanced Chiropractic and Wellness Center.

This agreement shall follow the patient and binds all attorneys or firms handling the patient's case.

Patient directs attorney to withhold payment of Advanced Chiropractic and Wellness Center's total bill for services/expenses for any settlement or recovery form whatever source and to make payment immediately to Advanced Chiropractic and Wellness Center.

This is an obligation coupled with an interest. This is not an agreement for payment based upon the outcome of any claim or litigation.

If any clause or provision of this agreement becomes illegal, invalid, or unenforceable for any reason it is the intent of the parties that the remaining part of this agreement not thereby be affected.

This agreement does not waive any right of Advanced Chiropractic and Wellness Center or preclude Advanced Chiropractic and Wellness Center from any reasonable actions to collect.

Read, understood, agreed, and signed by these parties on _____.

_____

Patient or Guardian

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## Notice of Doctor's Lien

**Patient:** _____ **Date:** _____

I do hereby authorize Advanced Chiropractic and Wellness Center to furnish you, my attorney, with a full report of their examination, diagnosis, treatment, prognosis, etc., of myself regarding the accident of _____(date of accident).

I hereby authorize and direct you my attorney, to pay directly to Advanced Chiropractic and Wellness Center such sums as may be due and owing to them for medical service rendered me both because of this accident and because of any other bills that are due to this office and to withhold such sums from any settlement, judgement, or verdict as may be necessary to adequately protect Advanced Chiropractic and Wellness Center. And I hereby further give a Lien on my case to Advanced Chiropractic and Wellness Center against all proceeds of my settlement, judgement, or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection therewith.

I agree never to rescind this document and that a rescission will not be honored by you, my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this Lien as inherent to the settlement and enforceable upon the case as if him/her executed it.

I fully understand that I am directly and fully responsible to Advanced Chiropractic and Wellness Center for all medical bills submitted by them for service rendered to me and that this agreement is made solely for Advanced Chiropractic and Wellness Center's additional protection and consideration of their awaiting payment. And I further understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover said fees.

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgement, or verdict as may be necessary to adequately protect Advanced Chiropractic and Wellness Center. I, the attorney of record, further agrees that in the event this Lien is litigated that the prevailing party will be awarded attorney fees and costs.

Attorney's Signature: _____ Date: _____

I accept the terms stated above. I have been advised that if my attorney does not wish to cooperate in protecting Advanced Chiropractic and Wellness Center's interest, Advanced Chiropractic and Wellness Center will not await payment but may declare the entire balance due and payable immediately.

Patient's Signature: _____ Date: _____

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## Attorney Agreement

This is an agreement between the undersigned attorney, hereafter called attorney, and Advanced Chiropractic and Wellness Center, for full and complete payment of Advanced Chiropractic and Wellness Center's healthcare services of _____ from the proceeds of any insurance settlement, judgement at trial, or recovery from any other means or sources. Attorney further agrees to make full and complete payment of Advanced Chiropractic and Wellness Center's healthcare services and expenses, proceeds of any insurance settlement, judgement at trial, or recovery from any other means or sources. Attorney further acknowledges the consideration between attorney and Advanced Chiropractic and Wellness Center as stated in this agreement.

In consideration, Advanced Chiropractic and Wellness Center agrees to treat the patient and exercise a reasonable degree of care and skill throughout such time that treatment is in the best interest of the patient.

In additional consideration Advanced Chiropractic and Wellness Center hereby agrees to provide attorney with reports of care and condition including a narrative report upon request and provision of appropriate release duly executed by patient, and presented to Advanced Chiropractic and Wellness Center.

Advanced Chiropractic and Wellness Center agrees to provide to attorney narrative reports at a reduced charge of $50.00.

Following the outcome of the claim, case, or litigation, if collection becomes necessary, attorney will then become liable for interest at the highest current legal rate and Advanced Chiropractic and Wellness Center's attorney fees and expenses for collection if Advanced Chiropractic and Wellness Center prevails in any action necessary to enforce this agreement.

This agreement shall follow the patient and binds all attorneys or firms affiliated with the attorney handling the patient's case.

Advanced Chiropractic and Wellness Center and Attorney agree that this agreement shall not survive if patient terminates the services of the attorney, the attorney's firm, or associates prior to settlement of the case.

If any clause or provision of this agreement becomes illegal, invalid, or unenforceable for any reason it is the intent of both parties that the remaining part of this agreement not thereby be affected.

This agreement does not waive any right of Advanced Chiropractic and Wellness Center or preclude Advanced and Wellness Center from any reasonable actions to collect.

Read, understood, agreed, and signed by these parties on _____.

_____ _____

Advanced Chiropractic and Wellness Center Attorney

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## 3rd Party Direction

I _____ (printed name) do hereby instruct my Attorney and/or third party Auto Insurance Carrier to make payment directly to Advanced Chiropractic Center at the time of settlement of the case related to an automobile accident which occurred on _____.

Signature of patient or guardian: _____

Date: _____

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**Acknowledgments**

To set clear expectations, improve communications and help you get the best results, please read each statement and initial in agreement.

- I instruct the treating doctor to deliver the care that, in his or her professional judgement, can best help me in the restoration of my health. I also understand that the chiropractic care offered in this office is based on the best available evidence and is designed to reduce or correct vertebral subluxations. Chiropractic care is a separate and distinct healing method from medicine and does not proclaim to cure any named disease or entity. I may request a copy of the privacy policy and understand it describes how my professional health information is protected and released on my behalf, seeking reimbursement from any involved third parties.
- I realize that an x-ray examination may be hazardous to an unborn child and I certify that, to the best of my knowledge, I am not pregnant. Date of last menstrual period. (mm/dd/yyyy): _____
- To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity, or cause of my health injuries. I hereby authorize payment of medical benefits, otherwise payable to me, to be paid directly to Advanced Chiropractic and Wellness Center.
- All patients must comply with the recommended treatment schedule. Sporadic treatment will affect the outcome of the case once it is presented to the insurance adjuster for final settlement. I understand that I am ultimately responsible for all charges incurred during my care for this personal injury case. I understand if the insurance claim is not paid in full or the legal suit is not settled in my favor, I will be responsible for, and plan to pay all remaining balances in full. I understand it is my responsibility to make sure Advanced Chiropractic and Wellness Center has received payment at the time of settlement.
- I have read the above statements and agree with everything as stated.

Printed Name: _____ Date: _____

Signature of Patient or Guardian: _____

Initials_____