



Personal Injury Financial Policy

The purpose of the following information is to inform you of the current Financial Policies of our office. This is to assist you with any questions you may have.

First Diagnostic, Inc. will extend the courtesy of billing your primary insurance for you, so we ask that you provide us with the necessary information to make this possible. Due to the extensive number and variety of insurance plans, it had been our experience that it takes a minimum of three working days to properly verify insurance coverage. Therefore, until your individual coverage can be determined, all fees for services rendered are the responsibility of the patient and are due upon request, however, it has been customary for our office to refrain from requesting payment during this verification period. Once insurance coverage has been established, our office may elect to accept assignment of benefits and wait for payment of covered services from the insurance carrier of our office.

If our office does not accept an assignment of benefits, then you will need to complete a form directing your insurance carrier to make all payments payable to either you or your legal representation. ***Before an automobile injury patient can be accepted as a patient within our office, all forms MUST be completed and signed by the patient.***

If you have Major Medical Health Insurance, our office will process and bill to your secondary insurance carrier for any portion that your automobile insurance carrier does not pay. If you do not have secondary Major Medical Health Insurance, or your secondary insurance carrier does not cover that portion of your account not covered by your automobile insurance carrier, then our office requires you to have legal representation to authorize and forward a letter of protection for any outstanding balance. The letter of protection form will be provided by our office and is the only form acceptable to this office for protection of your account.

We will delay our request for payment of your account while you are represented by legal counsel and settlement of your case is pending. Once settlement occurs, your account balance must be satisfied within our office within twenty business days.

In the event that my insurance company or attorney sends payment of services to me, I agree to promptly remit such payment to **First Diagnostic, Inc.**

PLEASE NOTE: As the patient, you are ultimately responsible for your charges. Please remember, your health insurance is a contract between YOU and the INSURANCE COMPANY, not with your insurance company and our office. Any unpaid account balance which is 60 days past due will be considered delinquent and collective action may be taken. This may include the consultation of an attorney or collection agency. Any fees, attorney charges and/or court costs encountered by this office in the collection of delinquent accounts, will be the responsibility of the patient.

Please sign acknowledging that you have read the above information and that it has been explained to you. We are here to serve YOU, ask any questions you may have and our staff will assist you.

Date

Patient Signature

Print Name