

South Cherokee Chiropractic

4796 Canton Rd. Ste. 400, Marietta GA. 30066

At South Cherokee Chiropractic we strive to make care as affordable as possible. As such, our policy regarding Personal Injury Claims makes it affordable for any individual to get the care they need and deserve following an auto accident.

When receiving care following an auto accident there are three ways to get your healthcare paid for. They are as follows:

1) Your own auto insurance: Your own auto insurance may have a supplemental policy called “**Medical Payments or MedPay.**” This ALWAYS becomes your primary health insurance in the case of an auto accident. It does not matter if you caused the accident, another individual caused the accident, or you were the only individual involved in the accident. MedPay will cover all of your eligible expenses up to the amount specified on your policy (ie. \$1000, \$5000, \$10,000). You have no out of pocket expenses until the MedPay has been exhausted.

2) Liability Insurance: In this case, another individual has caused the accident and their insurance will be paying your medical bills. The other person’s insurance will only pay for your medical bills once care has been completed. They will not be paying your bills while you are undergoing active care. Once your injuries have subsided and you have been released from care, they will review all medical bills and **PAY YOU DIRECTLY** for all expenses. At this point you will satisfy your medical bills with South Cherokee Chiropractic. To help offset the costs of treating patients under this form of care, you will be required to pay a **\$25 co pay** during each visit. This will go against your final bill with South Cherokee Chiropractic.

Example: Your final medical bill with us is \$1000 and you were treated 8 times.

8 (treatments) X \$25 (co pay) = \$200 PAID

\$1000 (final bill) - \$200 (PAID) = \$800 balance owed to us.

When settling with the insurance company be sure to settle for the full amount of the bill with us (ie. the \$1000). This will ensure that you get your \$25 co pays back (ie the \$200).

3) Your own personal health insurance: Your own personal health insurance will only be used when you have been in an accident, you have no MedPay and you caused the accident or were the only person in the accident. All relevant deductibles and co pays would then apply.

If you have any questions regarding your care and rights as a patient involved in an auto accident, please do not hesitate to talk to one of the doctors. We’re here to make an otherwise complicated case as easy as possible.

Patient Signature & Date

Witness Signature & Date

Work /Auto Related Accident

After Injury:

Did accident render you unconscious? Yes No

If yes, how long?_____

Please describe how you felt immediately after the accident:

Have you gone to a Hospital or seen any other Doctor?
Yes No

When did you go? Just after the accident

next day 2 plus days

How did you get there? Ambulance
Private transportation

Name of Hospital and / or attending Doctor?

Was he/she a: D.C. M.D. D.O. D.D.S.

Describe any treatment received:_____

Were x-rays taken? Yes No

Was medication prescribed? Yes No

Have you been able to work? Yes No

Are your work duties limited? Yes No

Have you retained an attorney? Yes No

If so, whom?_____

His/ Her phone #:_____

Indicate the symptoms that are a result of the accident:

Dizziness Difficulty Sleeping Fatigue

Memory Loss Arm/Shoulder pain Irritability

Headaches Numb hand/fingers Chest pain

Upset stomach Back Pain Neck Pain

Back Stiffness Buzzing in Ears Ear ringing

Low Back Pain Numb Feet/Toes Nausea

Blurred Vision Jaw problems Leg Pain

Neck Stiffness Short breath Tension

Other:_____

Is your condition getting worse?

Yes No Constant Comes & Goes

Indicate the degree of comfort while performing the following activities using the grading system below:

1= No problem, able to perform.

2=Some pain, able to perform.

3=Marked pain, able to perform.

4=Marked pain, able to perform WITH HELP.

5=Cannot perform due to pain.

Standing_____ Sitting_____

Reclining_____ Walking_____

Stooping_____ Squatting_____

Kneeling_____ Reaching_____

Bending_____ Twisting_____

Leaning_____ Carrying_____

Lifting_____ Climbing_____

Pushing_____ Pulling_____

Running_____ Exercising_____

Auto Accident Information

Name: _____

Date of Loss: _____

Patient's Auto Insurance

Company: _____

Agent's Name: _____

Phone #: _____

E-mail: _____

Date Called: _____

Customer Service Rep: _____

Is med pay available? Circle yes or no

Adjuster's Name: _____

Phone #: _____

Fax #: _____

E-mail: _____

Claim #: _____

Comments: _____

Date of Service:

Date Submitted:

Copy of card? Circle yes or no

Has patient signed medpay/liability letter of explanation? Circle yes or no

Have all forms been filled out in their entirety: intake, lien, payment agreement? Circle yes or no

Has patient been given copies of signed lien and payment agreement? Circle yes or no

If Liability...

Other Person's Auto Insurance

Company: _____

Adjuster's Name: _____

Phone #: _____

Fax: _____

E-mail: _____

Claim #: _____

Police report? Circle yes or no

Patient's Attorney

Law Firm: _____

Contact Name: _____

Phone #: _____

Fax #: _____

E-mail: _____

Patient's Health Insurance

Company: _____

ID #: _____

Copy of card? Circle yes or no

Case Closed

Date case closed: _____

Date notes & bills submitted: _____

Financial Policy

- Payment is expected when services are rendered, unless previous arrangements are made. We accept cash, checks and all major credit cards. There will be a \$30 fee for all returned checks.
- We will file insurance while patients are under active care. Insurance patients are expected to verify coverage so you are aware of what chiropractic care is covered.
- Insurance patients are expected to pay co-pays, deductibles and any non-covered items or services. Insurance is filed as a patient courtesy; it is the patients final responsibility for all charges incurred.
- Cash patients are expected to pay upon each visit.

I consent to South Cherokee Chiropractic filing my insurance and the insurance company paying this clinic directly for services rendered. I further agree that I am responsible for payment on my account regardless of what my insurance pays.

*If this is a third party personal injury accident case, please note, the at fault party's insurance will pay you directly, not the clinic. When you receive payment from the insurance company, it is your responsibility to pay your account with us in full.

I understand and accept responsibility of payment to South Cherokee Chiropractic.

Signature _____

Date _____

Consent for Treatment
and
Authorization to perform X-rays

I have been informed by Dr. _____ that diagnostic x-rays are advisable in my case so that a complete analysis can be made of my musculoskeletal problem or illness.

I authorize Dr. _____ to perform such radiographic examination necessary to diagnose or administer whatever treatment is deemed necessary to treat my present problem or illness.

* Women: To the best of my knowledge I am NOT pregnant and the above named doctor has my permission to x-ray me for diagnostic interpretation.

Signature _____ Date _____