# ResponseCare Chiropractic

11562 Knott Street #17
Garden Grove, CA 92841
714/209-7602 fax 714/209-7465

**Financial Agreement**
Personal Injury Patients

WELCOME TO OUR OFFICE!

We'll try our best to provide you with the best care we are capable of, and our office staff will help you with anything else you need to do.

If we do not live up to our objectives, please feel free to let me know.

Your health care bills will be handled in this manner:

If you were involved in an automobile accident, we will bill the medical insurance portion of the insurance policy (aka – Med Pay) for the vehicle in which you were riding. If you are the owner of the vehicle, we will bill your own insurance company. If you were a passenger in someone else's car, we will bill the driver's insurance company. In each instance, this will be in addition to any claim 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 have car insurance with medical coverage, the insurance company which carries your policy will be responsible for your medical bills.

It is important to remember when a medical claim is submitted to the medical payments portion of your insurance policy, your standing with the insurance company is not affected and your rates will not normally be increased. It is to your advantage for our office to bill your health insurance policy and/or the medical portion of your automobile insurance for your medical bills.

We want you to understand that we are treating your condition sustained as a result of an automobile accident. We are not, in any way, treating your liability claim. As a courtesy to you, we will gladly submit all bills to your insurance company(ies) and/or attorney, however, all services rendered by this office will be charged directly to you and you will be personally responsible for payment.

Notwithstanding any other arrangements, if you should suspend or terminate treatments, your outstanding fees and balance will become due and payable immediately.

We are glad you've come to our office, and we anticipate you will be, too. We'll try our best to make sure you are.

Chiropractically Yours,

_____ _____
Dr. Thomas Iwashita Dr. Roni Y Matsumoto

I have read, and agree to the aforementioned billing policies/procedures.

_____ _____
Patient Signature Date