

Patient Financial Profile

Brewer Chiropractic Clinic
702 IH 20W, Suite 100
Arlington, TX 76017
(817) 467-2010

Personal Injury

Brewer Chiropractic Clinic is happy to accept your personal injury coverage, as soon as your exact coverage is verified by the responsible party. We will file the claim forms and assist you in every way we can.

Office Policy Regarding Third Party Liability and/or Legal Counsel

☐ I was injured in a motor vehicle accident as a result of third party negligence and request that the doctor extend credit to me for services rendered until settlement of the third party claim.

☐ I was injured as a result of a slip or fall at _____ as a result of third party negligence.

☐ I will take full responsibility to insure all outstanding debt for services rendered will be paid in full within ten days from receipt of the settlement check.

☐ I will notify this office immediately if or when I retain the counsel of an attorney and I will instruct the attorney to furnish Brewer Chiropractic Clinic and the Doctor(s) on staff, with a letter of protection, to protect Brewer Chiropractic Clinics' and the Doctor(s) on staff's interest upon settlement.

☐ I completely understand that with or without an attorney I am responsible for all services rendered.

☐ I have retained an attorney to handle matters involving this injury. I will instruct my attorney to furnish Brewer Chiropractic Clinic and the Doctor(s) on staff, with a letter of protection, to protect Brewer Chiropractic Clinics' and the Doctor(s) on staff's interest upon settlement.

Attorney Information:

Name

Phone Number

Fax Number

Address

City

State

Zip Code

Signature

If you understand and agree with the statements that are checked above, initial the lines next to the checked boxes and sign the form here.

Print Full Name

Signature

Date