



147 Zan Road  
Charlottesville, VA 22901  
Phone: (434) 978-4888 Fax: (434) 978-3633

## **Personal Injury Policy**

You must present us with the following information regarding your personal injurt case:

1. Your current health insurance card
2. The claim number
3. The Med Pay Insurance on the vehicle
4. The signed copy of your Attorney Lien form to collect from third party

It is the responsibility of the patient to provide the above information to our office.

We will bill your health insurance and you will be responsible for you co-insurance. We will provide the necessary information to the car insurance company. **HOWEVER** we will not wait for you to receive payment from them to pay us.

Payment is expected at the time of your visit. If you have no insurance coverage ask us about a payment plan. Under no circumstances will we wait for a case to settle before we are paid.

I understand and agree to the above stated policy:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date