Quality of Life Chiropractic
Jamie Marshall D.C.
6910 FM 1488 Suite 3
Magnolia, TX 77354
281-789-4182

ACCIDENT / INJURY FORM – Quality of Life Chiropractic

Patient's Name: ______________________________________

**DISCLAIMER for PERSONAL INJURY INSURANCE

We need a claim number, contact name, phone number, and address for your insurance company. *We do not accept 3rd party payments on accident claims*, so we encourage all of our accident patients to investigate whether or not they elected to have a Personal Injury Protection (PIP) policy on their own auto insurance. A PIP is a fund of money (typically $2,500 to $5,000) that you have been paying into as part of your premium every month. Even if the accident is someone else's fault, you can still open a PIP claim with your insurance so you are not out-of-pocket for your medical needs. Your auto insurance adjustor should provide you *with a claim number, an address, phone number, and contact*. We then send all your bills to them to pay until the fund is exhausted. When it's time to settle your auto claim with the 3rd party, our records provide proof that you should be reimbursed the money used from your PIP. This is money straight back into your pocket. *Payment is due at time of service if a PIP is not applicable.*

INFORMATION:

Personal Injury Protection is with ___________________________________ **(Your Auto Insurance Company)**
Insurance Company Address ______________________________
City/State/Zip ______________________________

Have you been contacted by an *Insurance Adjustor* regarding this claim? ( ) Yes ( ) No
If Yes, Name Of Adjustor ___________________________ Phone Number ___________ EXT: _____
CLAIM NUMBER: ________________________ Email: ____________________________
FAX: ____________________________

Do you have an *Attorney* that has advised you in this case? ( ) Yes ( ) No
If Yes, Attorney's Name ___________________________ Phone Number ___________ EXT: _____
Attorney's Address _______________________________ Email: ______________________
City/State/Zip _______________________________ FAX: ______________________

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO CLINIC
FROM ATTORNEY, AUTO/INJURY INSURANCE, AND MAJOR MEDICAL HEALTH INSURANCE COMPANIES

I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to:

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as payment for professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. If my current Attorney, Auto/Injury policy, or Major Medical Health Insurance Company prohibits direct payment to doctor, then I hereby also instruct and direct you to make out the check to Quality of Life Chiropractic and mail it as follows:

c/o: Quality of Life Chiropractic
6910 FM 1488 Suite 3
Magnolia, TX 77354

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Signature of Patient ____________________________________ Date ______/________/________

______________________________ ______________________________
Signature of Witness Printed name of Witness