

Automobile Accident Financial Responsibility

It is acknowledged that you will be using automobile insurance to pay for care at Rosenthal Chiropractic, P.A.

In order to ensure that your claim is paid in a timely manner, please fill out the below and inform us of any questions that you may have.

1. Have you completed a PIP (Personal Injury Protection) application yet? ()Yes ()No
 - This form is supplied to you by your insurance adjuster assigned to your case and it must be sent back to the adjuster once completed.
 - If your insurance company does not receive this form, they will deny all claims.

2. Name of your auto insurance company: _____

3. Name of the other person's auto insurance company: _____ ()unknown

4. Name of insurance adjuster: _____

5. Phone number of insurance adjuster: _____

6. Claim number: _____

7. Auto insurance PIP/Medical deductible amount: _____

8. Do you have a lawyer working on your case? ()No ()Yes
If yes, lawyer's name: _____

Please bill my automobile insurance company for my care at Rosenthal Chiropractic, P.A. I understand that I am personally responsible for any charges not covered by my insurance for whatever reason. This includes, but is not limited to, deductibles, and/or denied or uncovered services.

I have read the above, have completed it to the best of my knowledge, and agree to comply with its terms and conditions.

Patient's Name: _____

Patient's Signature: _____ Date Signed: _____

Parent/legal guardian's name (if minor) _____

Parent/legal guardian's signature _____ Date Signed: _____

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