

Luedtke-Storm-Mackey Chiropractic Clinic

Patient
Personal Injury
Report

(Staff -- Lien Required)

We feel that your health insurance benefits are valuable to you and should not be exhausted when there may be other compensation available. **Therefore, our policy is to bill your health insurance only if no other benefits are available.**
(LSM reserves the right to deny deferment of payment for personal injuries.)

When a patient is injured in an auto accident, LSM files claims to your auto carrier regardless of who is at fault. The medical pay portion of your insurance will pay for your services as they are incurred. Your auto insurance carrier will be reimbursed when the claim is settled against the other party.

If no medical pay coverage is available, claims may be filed as follows:
Party at fault...you may be responsible for paying out of your settlement. No HMO or PPO discounts will be applied.
Attorney...attorney agrees to pay LSM out of settlement. No reductions, HMO or PPO discounts will be applied.
Health insurance...all deductibles, co-pays & non-covered items are payable by the patient within 30 days of processing.

Name		SSN	Date of Injury
Daytime phone	Best time to call		Health Insurance Carrier
Describe how you were injured			

Have you retained an attorney?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Attorney's Name	Phone Number
Attorney's Street Address	City		State	Zip

If you were injured in an auto, indicate your status:				
<input type="checkbox"/>	Driver	<input type="checkbox"/>	Passenger	<input type="checkbox"/> Other (explain)
Auto Owner's Name		At Fault Person's Name		
Auto Owner's Insurance Carrier		At Fault Insurance Carrier		
Insurance Address		Insurance Address		
City	State	Zip	City	State Zip
Insurance Ph #		Insurance Ph #		
Claim #	Policy #		Claim #	Policy #

I request all bills relating to my injury be submitted to the party that I have indicated, regardless of my health insurance. I understand that I am responsible to ensure all charges are paid in full.

Patient Signature _____ Date _____

Please provide as much information as possible when completing this injury report.

We will gladly make a copy of this form upon your request.

02/04