



Financial Report for \_\_\_\_\_

**Personal Injury**

**Estimated Cost**

Per Visit Charges

Initial Patient Exam:	\$120
Acute Chiropractic Adjustment:	\$60
Active Release	\$45
Ultrasound	\$25
E-Stimulation	\$25
Hot/Cold Pack	\$15
Electrodes	\$5

**Total: \$295**

Performance Wellness **only** accepts PIP – Personal injury protection and /or Med Pay from your auto insurance carrier. We do not accept any 3<sup>rd</sup> party claims. Our cash plans do not apply to auto accidents or work related injuries. Please provide us with the following, and in addition we require a copy of the accident report.

Your Auto Insurance Carrier Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Adjuster: \_\_\_\_\_

PIP Benefit Limit \$ \_\_\_\_\_ Claim # \_\_\_\_\_ D.O.A. \_\_\_\_\_

I understand and have been made aware of the above payment options. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Performance Wellness will prepare any necessary reports and forms to assist me with collecting from insurance companies. I understand that I am responsible for any information my insurance company requests from myself that I need to complete and send in a timely manner or I am responsible for the balance of my account. I understand that having insurance is not a guarantee of payment, and I agree that I am responsible for the payment of all services received at Performance Wellness. I understand that if I should discontinue my care for any reason, the balance of my account will be immediately due and payable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date