



## PIP Financial Agreement

**PIP Coverage:** We are required to bill your Personal Injury Protection (PIP) carrier for services rendered regardless of whom was at fault in the accident. If your PIP coverage is exhausted or refuses to pay, we will bill your private health insurance company. We do not bill 3<sup>rd</sup> party insurance, as they have no obligation to pay for your treatment.

**Attorney Liens:** If you retain an attorney, you are required to provide us with your attorney's information and agree to the following: The patient will authorize and direct their attorney to pay directly to Element Chiropractic (Anthony Rodriguez, DC PLLC) such sums as may be due and owing to them for services rendered to the patient as a result of the accident, and to withhold such sums as may be necessary to pay Element Chiropractic (Anthony Rodriguez, DC PLLC). The patient agrees to notify Element Chiropractic if their attorney is changed or discharged. The patient also agrees to promptly notify Element Chiropractic if a settlement, award, or a verdict is reached and there is a balance due. The patient acknowledges that Element Chiropractic is not responsible and shall not pay any attorney's fees, expenses or costs in connection with the patient's claim or action.

Furthermore, this agreement gives your attorney permission to sign the financial agreement regardless of the date on this form. This agreement remains intact for all attorneys you may have for this claim and all treatment associated with it at our office.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_