DISCLAIMER - AUTHORIZATION – LETTER OF PROTECTION

I understand and agree that I am ultimately responsible for my bill.

I understand whichever insurance policy applies to me, whether it is health insurance, workers compensation insurance, auto insurance, or secondary supplemental insurance policies, it is an agreement between me and my insurance company, not between my insurance company and *Align Chiropractic Day Spa*.

I understand *Align Chiropractic Day Spa will* bill my insurance company as a courtesy to me. I request *Align Chiropractic Day Spa* to complete any usual and customary reports and forms to assist in collection from my insurance company.

Health Insurance: I agree to pay any co-payment or percentages due for services rendered to me outlined by my insurance policy. If I suspend or terminate my insurance, I understand I am responsible to tell the staff and pay for services rendered to me at full cost of the Medicare Allowable rate.

Auto Injury: If this is an auto accident case in which an attorney is invoiced in a settlement, and this office has accepted payment to be met from any settlement resulting from such a case, I authorize and demand that said attorney settle any bill owed to *Align Chiropractic Day Spa* from said settlement during distribution of said settlement.

Letter of Protection: If this is an Auto Injury or Personal Injury case where payment of treatments will be paid out of a monetary settlement, due to PIP becoming exhausted, or a strict LOP, and in which an attorney is invoiced in a settlement, and this office has accepted payment to be met from any settlement resulting from such a case, I extend a personal Letter of Protection to *Align Chiropractic Day Spa,* in which I willingly signed and authorize and demand that said attorney to settle any bill owed to *Align Chiropractic Day Spa* from said settlement during distribution of said settlement.

Print Name: _____ Date:_____

Signature: _____

Witness: _____Date:_____

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