PERSONAL INJURY PROTECTION (PIP) VERIFICATION AGREEMENT

Due to HIPPA privacy regulations, Naturally Chiropractic cannot contact your auto insurance company for verification of the dollar amount of Personal Injury Protection Medical Benefits available for you on your auto accident claim. You must contact your auto insurance carrier directly for this information. To protect you from accruing a balance exceeding your PIP benefits for services rendered at Naturally Chiropractic, we request that you contact your auto insurance company (after 24 chiropractic adjustments, or 60 days of chiropractic care -whichever comes first) to verify the level of PIP benefits on your policy, and the remaining amount of PIP benefits available. By signing this form, you agree to contact your insurance company for the information described above, and to keep Naturally Chiropractic informed of any communications with your auto insurance company regarding your care, PIP benefits, independent medical examinations, and reports. This enables Naturally Chiropractic to have the most current information regarding your claim, and to avoid claim and payment issues later.

I have read, understand and agree to the above policy.

_____ _____ _____

Printed Name Signature Date

_____STOP HERE_____

THIS SECTION TO BE COMPLETED AFTER 24 VISITS/60 DAYS

Your Insurance Company: _____

Your Claim Number: _____

Your Claim Adjuster: _____

Phone Number: _____

Personal Injury Protection Benefit Amount on Your Policy

$_____

Benefit Amount Available

$_____ as of (Date)_____

Name of Person You Spoke to: _____