



ACCIDENT LIABILITY POLICY

1. I understand I am being treated for injuries sustained in a motor vehicle accident/personal injury accident. Failure to keep my appointment may jeopardize the insurance carrier's responsibility for medical costs and/ or compensation for pain and suffering.
2. I understand this office is extending me credit for treatment. If I miss three office visits all bills will be due immediately and a **\$45 missed appointment fee will be incurred for each missed appointment.**
3. I understand if I sever ties with my attorney before settlement or my attorney will no longer represent my case, all bills may be due immediately.
4. You as a patient are expected by insurance carriers and/or attorney to follow the treatment plan given by the doctor. Failing to do so can jeopardize your case with your attorney and/or your claim with said motor vehicle accident insurance.

PATIENT SIGNATURE

DATE