



PERSONAL INJURY LETTER OF PROTECTION (LIEN)
MANDATORY OFFICE PROCEDURE

As a courtesy to our patients we will treat your injuries at no up front cost for you. We will use either the medical portion of your auto insurance or your health insurance to bill for all services. If you have no coverage for this accident and this accident is not your fault, **we will treat your injuries under a lien.** This entitles our office to receive all medical payments at the time of the settlement from your attorney.

It is mandatory for all patients being treated under a lien case (no insurance) to have some form of collateral to guarantee payment to this clinic. THIS OFFICE IS AUTHORIZED TO KEEP A COPY OF YOUR CREDIT CARD NUMBER ON FILE UNTIL YOUR CASE IS SETTLED AND OUR OFFICE IS PAID IN FULL. WE HAVE NO INTENTION OF CHARGING YOUR CREDIT CARD, UNLESS A PATIENT DENIES PAYMENT.

Credit Card Agreement:

At this time I, _____, authorize Georgia Spine and Sports Rehab to retain my credit card information to cover all medical expenses not paid by my settlement. I understand that Georgia Spine and Sports Rehab **will not charge my credit card** as long as all medical bills are paid. Georgia Spine and Sports Rehab agrees to only charge my credit card if I default on payments of medical bills. When my medical bills have been paid in full, Georgia Spine and Sports Rehab agrees to return all personal information.

Patient Signature Date

Patient Printed Name

SS # _____

CC # _____ Exp.Date _____

Office Signature Date