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Patient Financial Agreement

(Equitable Lien/Benefit Assignment Contract and Indemnification Agreement)

Please read the following very carefully as it concerns your financial responsibility to the Health Care or Service Provider from whom you are about to receive services.

I, the undersigned Patient, hereby agree to establish a lien/assignment of benefits or claim in favor of Parkway Chiropractic by this contract and pursuant to any state statutes that apply in the state where I reside. I give my permission for Parkway Chiropractic and/or their agent, to file, record, and serve notice of this agreement (lien/agreement) upon myself and all other parties who may be liable to me for damages arising from this accident which occurred on _____ [date] and any subsequent claims arising from this accident for which I am about to receive health care. I understand that by doing so I have entered into a contract with the above named health care or service provider. This agreement authorizes direct payment to said provider from any and all proceeds from any insurance policy. settlement, compromise, judgment verdict or damages to which I may be entitled and paid in connection with the settlement of claims or litigation arising from this accident, in such sums paid necessary to fully compensate the health care or service provider from whom I have received care. The lien/agreement created by this Equitable Lien Contract and Indemnification Agreement shall have priority from the time and date on which said documents are actually filed, or recorded or served on the liable parties, over any subsequent liens or assignments of my interests in claims arising from this accident.

In exchange from providing necessary medical care without requiring payment in full at the time service is received, I agree to be responsible for all charges associated with my care, regardless of the insurance companies' reimbursement, settlement or compromise. Charges for which I agree to be responsible include any administrative expenses associated with processing my claim such as charges incurred by the provider for recording and/or serving notice of this lien/assignment upon any liable parties and their insurance companies. Also included are any collection charges or legal cost and fees incurred by the provider while attempting to collect the medical bills related to this claim should such activity becomes necessary.

****I further understand that as part of the process of treatment through a personal injury case, bills accrued here in the office are at insurance rates, which is more than our out of pocket pricing. Our out of pocket pricing is discounted when insurances are not involved. Therefore, the total bill will be at a higher rate.*

Patient or Guardian Signature

Date