Boones Ferry Chiropractic and Massage, PC
Optimum Health Through Alternative Care
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PERSONAL INJURY PROTECTION

Oregon Law requires that every auto insurance policy contain ñpersonal injury protectionò. These benefits will pay for medical expenses for the driver, any passengers at the time of the accident, and any pedestrians or bicyclists hit by the auto. The following are our office procedures as they relate to you and your personal injury claim.

- Regardless of who was at fault, it is our office policy to bill ***your*** insurance carrier. This allows us to protect your rights. If you were **not at fault**, your insurance carrier will collect from the opposing carrier when your claim is settled, and this should not affect your premium or insurance standing.

- The following information is required for billing purposes:

  a) Insuredôs name, if not patient
  b) Insurance company name
  c) Policy Number
  d) Claim Number
  e) Name and phone number of insurance agent
  f) Date of accident - critical for this to be accurate
  g) Name and phone number of insurance adjuster
  h) Name and address of attorney - we must have written authorization prior to releasing information to anyone requesting.

- You are required by the insurance carrier to fill out a PIP Application (Personal Injury Protection). It is important that this application is filled out as soon as possible to enable our office to inquire into billing properly. To protect the confidentiality and rights of the injured patient our office does not discuss personal injury claim information without the proper authorization that is filled out in this application.

- If your insurance carrier does not pay all of your charges, any residual amounts are due from you and are to be factored in to any settlement you might make when you have reached a medically stationary status.

- Please inform our office of notification by your insurance company to attend an IME (Independent Medical Examination). All bills will be pending insurance coverage at the time of notification of the IME. If you do not attend the IME, the insurance company can deny coverage due to non-compliance. You will also need to notify our office of the results of the IME.

- It is important to note that Oregon Law allows personal injury benefits for one year only. Therefore, if the accident occurred today, benefits would expire on one year from accident date.

PERSONAL INJURY REPORT

Patient Name:_____ Date/Time of Accident:_____ _____ am/pm

Auto Collision ☐ On The Job Injury ☐ Other _____

Please describe the accident in detail: _____

_____

_____

Were you the: DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐

Was your car struck: HEAD ON ☐ BEHIND ☐ RIGHT SIDE ☐ LEFT SIDE ☐ PARKED ☐

Did your car strike the other car involved? Yes ☐ No ☐ Did other car strike you? Yes ☐ No ☐

What were your symptoms immediately following the accident? _____

_____

To your knowledge, list extent of your injuries _____

_____

Were you taken to a hospital? Yes ☐ No ☐ Name of Hospital:_____
Date of admission: _____ Date of discharge: _____

Have you had X-rays taken for this injury? Yes ☐ No ☐

Have you seen another Doctor for this accident? ____ Doctor's name _____
What was their diagnosis? _____
What treatment did you receive? _____

Did you report the accident to your foreman or employer? Yes ☐ No ☐
Has this injury resulted in any disability? Yes ☐ No ☐ Number of days lost from work _____
Date disability (time loss) began _____ Date returned to work _____

Have you had any previous injuries, serious trauma, or car accidents? _____

REVIEW OF SYSTEMS:

CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT:

☐ Headache	☐ Irritability	☐ Face Flushed
☐ Neck Pain	☐ Chest Pain	☐ Shortness of Breath
☐ Neck Stiff	☐ Dizziness	☐ Lights Bother Eyes
☐ Problems Sleeping	☐ Head Feel Heavy	☐ Fatigue
☐ Back Pain	☐ Pins/Needles in Arms	☐ Depression
☐ Nervousness	☐ Pins/Needles in Legs	☐ Loss of Memory
☐ Tension	☐ Numbness in Fingers	☐ Ears Ringing
☐ Feet Cold	☐ Hands Cold	☐ Upset Stomach
☐ Numbness in Toes	☐ Fainting	☐ Constipation
☐ Loss of Smell	☐ Loss of Taste	☐ Diarrhea

List any symptoms other than above _____

_____

Patient Signature_____ Date_____

Boones Ferry Chiropractic and Massage PC

Financial Agreement For Personal Injury /Motor Vehicle Accident

Date_____Patient Name:_____DOB:_____

Insurance Company:_____

Insured Business or Individual:_____ Date of injury:_____

Claim #_____ Open Claim: Y / N State accident occurred:_____

Adjuster:_____ Phone #_____

Fax #:_____ Adjusters E-Mail:_____

Billing Address: _____

_____

Health Insurance (please provide a copy of card):

Insurance Company:_____

ID #_____Group #_____

Subscriber(if different than patient)_____ DOB_____

Notes:_____

_____

_____

It is our billing policy, as with Oregon Law, to bill the injured partyøs Personal Injury/Auto Insurance Carrier. You are expected to provide our office at the time of your first visit with the above information.

Please inform our office of notification from your insurance company to attend an IME (Independent Medical Examination). All bills will be pending payment at the time of notification of the IME. If you do not attend the IME, the insurance company can deny coverage due to non-compliance. You will also need to notify our office of the results of the IME.

If you retain an attorney, please provide our office with the attorneyøs name and phone number.

It is important to note that Oregon Law allows PIP (personal injury protection) for two years only from the **date of the accident**, or up to $15,000 depending on the insurance policy. It is your responsibility to contact the insurance carrier and complete the proper forms for opening a PIP claim prior to your appointment with our office.

As a courtesy we will bill your PIP insurance carrier listed above; however, ultimately it is your financial responsibility for all charges incurred at this office.

Patient Signature:_____ Date:_____

Ins is Patients ☐ Claims Address ☐ Claim # ☐ Open PIP ☐ Adjuster and # ☐ Fax ☐ E-mail ☐