



MANCHESTER CHIROPRACTIC & SPORTS INJURIES, PLLC

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Dr. J. Andrew Reinfurt
Board Certified Chiropractic Orthopedist

Dr. Keith P. Lavalliere
Associate Chiropractor

Personal Injury Acknowledgement

I _____ do hereby acknowledge that I am being treated for injuries sustained in an accident on _____. I am required to sign a lien to Manchester Chiropractic & Sports Injuries, PLLC wherein payments will be made directly to them.

I understand and do hereby acknowledge however, that my insurance company may not settle my case until I am done treating and have been released by my doctor.

I further understand that if the insurance company sends payment directly to me, that I am 100% responsible for payment to Manchester Chiropractic & Sports Injuries, PLLC for the total amount of my bill and that I must pay the balance in full at time of settlement.

I understand that if I do not pay Manchester Chiropractic & Sports Injuries, PLLC upon receipt of my settlement, that collection efforts will be taken up to and including settlement in a court of law. I further understand that I will be responsible for any additional fees associated with said collection efforts up to and including attorney fees.

Lastly, I understand that my care will not be reduced while I am being treated at Manchester Chiropractic & Sports Injuries, PLLC therefore my bill will not be reduced at settlement.

Patient Signature

Date: _____