



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 with treatment and have been released by my doctor.

I 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 further 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: _____