BRINK CHIROPRACTIC CLINIC
WILLIAM G. BRINK DC
DANIEL A. BRINK DC

1047 MAIN STREET
SANFORD, ME 04073
Telephone (207)324-5753 Fax (207) 324-8354

_____

We need you to call **your** auto insurance company. Please let them know you are being treated for injuries sustained in the _____ accident.

We need **your** insurance company's:

Name _____Phone #_____

Medical Claims Address_____

_____

_____

Medical Claim # _____

Adjuster's Name _____

Adjuster's phone #_____ext_____

Attorney's Name _____

Attorney's Phone # _____

Signed _____Date_____

It is very important to keep your scheduled appointments with your doctor to get the best recovery from your injury. If there is a lapse in treatment our office and the insurance company may assume that you have released yourself from care.

When you have reached an end point in your treatment, Dr. Brink will release you from care. He will send a letter to the insurance company informing them that treatment has ended.

The insurance company will contact you regarding closing the case. Before you make a settlement, call our office to see if there is an outstanding balance. If the insurance company has not paid your claim in full, ask the adjuster to arrange to clear the balance. If they make a settlement with you but do not pay the balance, you are responsible for payment.

Please call our office to discuss any questions regarding your balance or the billing process.

Sincerely,

Billing Department
Brink Chiropractic Clinic LLC.

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Patient Name _____

For your convenience and to expedite payment by **your** insurance company, we ask that you would kindly sign the Assignment authorization form below. This authorizes your insurance company to forward payments directly to us. Your statement will reflect any insurance payments.

ASSIGNMENT FOR DIRECT PAYMENT TO BRINK CHIROPRACTIC CLINIC

I, _____, hereby direct _____
(patient name printed) (Insurance company name)

to pay by check payable to and mailed directly to BRINK CHIROPRACTIC CLINIC as indicated in the Claim form. Or, in the event my policy prohibits payments made directly to doctors, then I hereby direct you to make checks payable to me and mail payment to the Clinic address on the Claim. I authorize the professional expense benefits allowable and otherwise payable to me under my insurance policy as payment toward the total charges for professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to BRINK CHIROPRACTIC CLINIC, and I have agreed to pay, in a current manner, any balance of charges over and above this insurance payment. A photocopy of this Assignment as addressed to me shall be considered as effective and valid as the original. I also authorize the release of any pertinent information to any insurance company, adjuster, or attorney involved.

Dated _____

Patient Signature _____

Witness _____

Thank for your prompt attention to this matter.

PATIENT'S REPORT OF ACCIDENT

NAME_____ DATE_____

LOCATION OF ACCIDENT_____ CITY_____

DATE OF ACCIDENT _____ TIME_____ Was police report made? _____

Were You: Driver___ Passenger ___ Pedestrian _____

Were you struck from : Behind _____ Right Side_____ Left Side_____ Front _____

Were you wearing a seat belt? _____ Was auto parked?_____ Approx. Speed of your car_____ Other Car_____

Kind of car You were in_____ Approx. damages$_____ Other car_____ Approx. Damages $_____

How did the accident occur? _____

_____

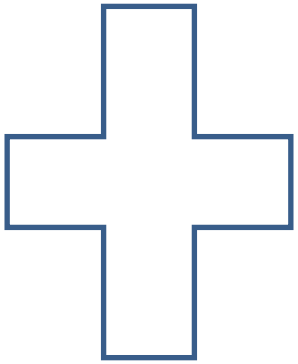
_____

_____

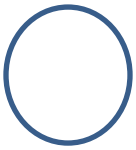
_____

_____

Indicate on diagram what happened



Indicate North by arrow



How did you feel immediately after the accident? If the injury was not noticeable right away, when did you notice any problems?_____

_____

_____

_____

Have you recived any first aid or any other treatment for this injury?_____

If yes from whom?_____ City_____

Were you Hospitalized? _____ If yes, how long?_____ Name of hospital_____

Were you out of work because of this injury? _____ First day you were unable to work_____

Have you returned to work?_____ On what date?_____