



Auto Insurance Acknowledgement

Patient Name: _____

Date of Accident: _____

Date of Birth: _____

I acknowledge that my Auto Insurance Carrier only pays 80% of the allowable fee schedule amount up to the first \$5,000. I am also aware that when I signed up for my policy I chose a PIP deductible that will also be my responsibility.

I shall provide AKM Chiro-Rehab Center, LLC with any secondary insurance coverage to cover some if not all of the balance due. If no secondary is provided and my case should be lost with no recovery I understand that I will be 100% liable for the outstanding balance and agree to either pay and/or negotiate the balance due.

(Patient/Parent/Guardian Signature)

(Date)

(Witness)

Translated by: _____
(Employee Name)