

Primary Care Physicians, LLP
12728 Augusta Avenue
Omaha, NE 68144

I was involved in a motor vehicle accident (MVA) on _____ and wish to have the charges:
(Date of Accident)

() Billed to me directly, I understand that the charges are **due in full today** at the time of service. I understand that Primary Care Physicians, LLP does not wait for settlements from third parties, including attorneys. I can ask to receive a billing statement that I can turn in for reimbursement, if needed, from a third party.

() Billed to my health insurance carrier and I agree to pay all applicable co-payments associated with the charges the day of service. I have already contacted my health insurance carrier and they have authorized billing them for these services. I understand that if my health insurance denies this claim, I am responsible to pay the charges **in full within 15 days** of billing.

() Billed to **my** automobile insurance carrier. I also authorize the release of my medical records, related to my accident, to the company listed below which is required for payment. I understand that if my auto insurance denies this claim or does not pay within a timely amount of time, I am responsible to pay the charges **in full within 15 days** of billing. The following information is **required** if choosing this option:

Name of Auto Insurance Company _____

Claims Address _____
Street City State Zip

Contact Name _____

Phone Number of Contact _____

Claim Number Assigned _____

**Please note that we cannot file with an automobile insurance company unless we have a claim number.

Signature of patient (Parent if minor)

Date

Printed Patient Name

EMR# (For office use only)