

Personal Injury Information

Patients name (please print) _____

Address _____ Phone _____

Date of Accident _____ Location _____

Please describe the accident _____

If auto related were you driver passenger pedestrian
As a result of the accident was a citation issued to you? Yes No
As a result of the accident was a citation issued to the driver of the other car? Yes No
Did you require hospitalization? Yes No

Check symptoms you have noticed since the accident:

- Headaches Pins & needles in arms Buzzing in ears Neck Pain
Loss of balance Pins & needles in legs Numbness in fingers Neck Stiff
Fainting Problems sleeping Numbness in toes Loss of smell
Low back pain Shortness of breath Nervousness Loss of taste
Tension Fatigue Diarrhea Irritability
Depression Cold feet Chest Pain Dizziness
Light bothers eyes Cold hands Upset Stomach Constipation
Head seems too heavy Loss of memory Ringing in ears Cold Sweats
Face flushed

Have you lost any days of work? _____ List dates _____

YOUR insurance company (due to Utah No Fault this claim has to be sent to your insurance company)

Policy # _____

Claim # _____ Medical Adjuster _____

If you have not already done so, you need to contact your insurance company claims office (not your agent) and inform them that you were injured in this accident so that they can set up a medical claim for you.

Assignment of Benefits

I understand and agree that I am responsible for payment of all fees for services rendered to me at this office. I hereby give authorization to this office to release any necessary information to my insurance company or attorney. I hereby assign all benefits due to Chiropractic Associates, Inc. (Dr. Harold W. Gunn, Jr.), as primary physician on my case, and in so doing declare that all payments made by third parties regarding my care at his office be directed to him. I agree to pay all attorney fees, court and collection costs if professional collection services and/or legal action is required against me.

Patients signature (Guardian if patient is a minor) _____ Date _____

I understand that if it becomes necessary for me to retain an attorney to settle my case that I am responsible to see that upon settlement of my case my attorney has paid my outstanding balance at this office.

After your personal injury protection benefit has been reached it may become necessary for us to carry your remaining balance pending settlement of your case. We agree to do so, but we need monthly payments to be made on this balance by you, pending this settlement.

Patients Signature (Guardian if patient is a minor) _____ Date _____

Lien to Medical Provider

To: Chiropractic Associates, Inc. (Harold W. Gunn, Jr., D.C.)
Phone: 801-566-2465
Re: Lien on accounts receivable
Patient:
Date of Injury:

I grant a lien to the above health care provider and authorize and direct my attorney to pay directly after settlement or trial to said health care provider, such sums as may be due and owing for medical services rendered to me because of this accident. Such sums, plus interest, will be paid from the net proceeds of any settlement, judgement or verdict.

I understand that I am directly and fully responsible to Chiropractic Associates, Inc. for all reasonable medical bills submitted for service rendered to me and that this agreement is made solely for said health care providers' additional protection and in consideration of awaiting payment.

Patients Signature (Guardian if patient is a minor)

Date

The undersigned, being attorney of record for the above named patient, does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgement or verdict.

Attorneys Signature

Date

It is fully understood that any sums due the health care provider shall be reduced by any payment which is received by the healthcare provider from any third party.

I hereby accept the provisions of this agreement. I understand that this lien agreement will not be effective unless I have a fully executed copy of this agreement.

Harold W. Gunn, Jr., D.C.

Date

For: Chiropractic Associates, Inc.
Harold W. Gunn, Jr., D.C.
7669 South Redwood Road
West Jordan, UT 84084-0209