Author: Attorney Dan A. Riegleman

N63 W23965 Main Street

Sussex, Wisconsin 53089

Prepared: 11/13/12

**Notice/Letter to Obtain “Medical Payments” Coverage for Patient**

*(Insurance Agent, Representative, or Third Party Administrator)*

Street Address

City, State Zip

RE: *(Patient)*

Date of Birth

Date of Accident

Your Insured\*

Your Claim Number\*

Dear :

This office has the privilege of providing chiropractic services to *(patient)* . I have enclosed a copy of an Assignment of Benefits/Doctor’s Lien which was signed by this patient. It is our understanding that medical payment coverage may be available from your company as payment for this offices chiropractic services.

Kindly acknowledge receipt of this Assignment of Benefits Agreement by dating and signing in the lower portion of the form. Please return that signed form to our office. Please also advise as to the extent of any medical payment coverage available on behalf of this patient for treatment arising out of the automobile accident which occurred on . It is our understanding that *(patient)* was a driver/passenger in a vehicle operated by *(driver of vehicle)* in relation to this accident and that the vehicle was insured by your company.

The enclosed agreement directs that all medical payments be made payable directly to this office. Our current mailing address is: .

You will note that this agreement cannot be rescinded or revoked without the express written agreement of this office. As such, please notify this office should the patient or any other representative of the patient attempt to request that payments be sent under the medical pay coverage to anyone other than this office. Please note that any payments made in contradiction of this agreement may constitute a breach of contract and/or interference with the patient-doctor relationship.

Any questions relating to these arrangements for medical payment coverage can be directed to your insured or my office staff. Thank you for your attention to this matter.

Doctor

\***Important**: This information should be obtained from patient at time of initial visit. Office should also send a separate letter to any legal representative using a form similar to that present in other resources available at this website or by contacting the author of this document.