MVA and 3rd Party Claims

Please specify your billing preferences below by **circling** all of the policies you wish us to file claims to:

PERSONAL HEALTH PERSONAL AUTO 3RD PARTY OTHER_____

_____ _____ _____ _____

Please list names of companies

Patient/Guardian Signature: _____ Date: _____

Please read and sign the below statement.

If you DO NOT have personal health
OR you DO NOT want us to file your personal health

I have asked PTC **NOT** to send claims to my personal health carrier.

If I decide at a later date to have PTC send claims to my personal health carrier, I understand PTC will do so only at its discretion, because possible contract obligations, precertifications, authorizations, etc., may not have been performed; which could prohibit the likelihood of benefit coverage of my services.

I understand and accept responsibility for full payment of any unpaid services.

Patient/Guardian Signature: _____ Date: _____