



Unbroken Body LLC
1280 Diamond Way
Concord CA 94520

**Advanced Notice of
Patient Responsibility for Auto Accident Claims**

Cost per visit:

- 0 to 17 years of age and 65 to 79 years of age **\$65**
- 18 to 64 years of age **\$85**
- Over 80 - non-covered costs are waived **Co-pay**

Visit length:

- Exam with treatment 45 minutes
- Treatment alone 20 minutes

Discounts available:

- Full time K1 through K12 teachers
- Junior college professors
- Financially single parents

We accept cash, check, credit card and all insurances. Payment/Co-payment is expected on the day that services are rendered. If you choose to pay for all of your treatment in full at time of service, any overpayment will be refunded within 3 business days or credited to your account for future care. Insufficient funds fees, non payable check fees are the responsibility of the payer.

You have four options for payment:

- Bill the Liable Insurance Company
- Bill your auto Medpay
- Bill your Health Insurance
- Self Pay

To bill the Liable Insurance Company, or your Medpay. What we need from you:

- The paying insurance company information
- A valid claim number
- Claims' handler name
- Phone number to reach the claim handler

You are responsible for your office visit cost until your auto accident claim is validated.

Unfortunately, we are not able to work with Medical Liens at this time

By signing below, I agree to pay Unbroken Body LLC., up to the maximum listed above, for those services that may be determined as *not Medically Necessary* or otherwise *not a covered benefit* or excluded from compensation from a third party.

Patient/Legal Guardian Signature