



Select-Care Chiropractic, PC

Nutrition • Chiropractic • Wellness

Dr. Sloane DeLuke Eusebio, B.S., D.C., C.C.W.P.

2 Chelsea Place
Clifton Park, New York 12065

Phone: (518) 373-6545
Fax: (518) 373-1769
www.selectcarechiropractic.com

Thank you for coming to our office for care related to your **No-Fault Auto Injury Case**. For your care to be covered by the auto insurance company, you are responsible for the following:

1. Sending in the **NF-2 Form** that the insurance company sends you. This needs to be done immediately (within 30 days of accident) so that they can validate your case and release payment to health care providers.
2. Attending any and all **IME** (Independent Medical Exam) appointments. If it is not at a convenient time, you must call the carrier to reschedule. Do not skip an IME or your case may be closed and you will be responsible for paying us directly for any visits denied due to your failure to comply with the IME requirement.

Failure to comply with these requirements will cause the insurance carrier to deem your case invalid or will cause it to be closed and you will be personally responsible for the cost of your chiropractic care at our office.

Deductibles: Some plans have a deductible (usually \$150-\$250) for the health care portion. This is your out-of-pocket responsibility and must be paid directly to the health care provider. We do our best to determine in advance if you have a deductible, but sometimes we are given faulty information. Not providing to you notification in advance regarding your deductible does not absolve you of your responsibility once the claims processes.

I, _____, certify that I have read, understand, and agree to comply by the rules above as they apply to the NY State No-Fault Law. ***If I do not comply with the above requirements, I understand that Select-Care Chiropractic, PC will bill me personally, and that I will be responsible for the cost of my care.***

_____ (Signature)

_____ (Date)