

# Personal Injury Protection Coverage (PIP) Authorization Form

Dear Patient,

You have indicated to us that you were involved in an automobile accident. As a courtesy to you, we will file for benefits under your Personal Injury Protection Coverage (PIP), so you can be reimbursed for today's services. Even if someone else is at fault, you have to use your PIP coverage for these expenses. Using your PIP coverage will not increase your auto insurance premium. Filing PIP does not relieve the "at fault" party from being responsible for payment. If the "at fault" party's insurance refuses to make payment to your insurance company on your medical bills for whatever reason, filing your PIP ensures that you are not left to pay medical bills out of your own pocket. Your insurance company gets repaid 100% by the at-fault driver's insurance.

Automobile Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

I, \_\_\_\_\_ authorize Destination Spine Care, LLC to apply for benefits on my behalf for all services rendered. I further authorize the release of all medical information necessary to process my claims. I request the payment be made directly to Destination Spine Care and I permit a copy of this authorization to be used in place of the original.

---

Signature of Patient or Legal Guardian

Date