



PEAK PERFORMANCE PHYSICAL THERAPY
Agreement for Payment for Services
When a Personal Injury Claim is involved

Patient/Claimant: _____

Insurance Company: _____

Address: _____

Claim Number: _____

Date of Accident: _____

This confirms the agreement between Peak Performance Physical Therapy and the above named company regarding financial responsibility and payment for services rendered to the above named patient. It is understood that the therapy which will be provided to the patient is the result of an accident that is subject of a claim or litigation.

Responsibility: The insurance company hereby personally guarantees payment of all incurred charges resulting from the treatment of the above mentioned patient.

Settlement: At the time this claim or litigation is settled or otherwise concluded, the above mentioned company will promptly forward the proceeds received from that claim or litigation for the remaining balance.

Other _____
Conditions: _____

Print Insurance Representative Name **Insurance Representative Signature** **Date**

Print Patient Name **Patient's Signature** **Date**