

# Tampa Sports & Wellness Chiropractic



## PATIENT DEMOGRAPHICS FOR CRMA

3712 W. Euclid Ave.  
Tampa, FL 33629

P: 813.600.5391  
F: 813.600.5291

Your X-Ray Focal Distance <b>Required:</b>	Cervical	<input type="checkbox"/> 72"	<input type="checkbox"/> 40"	<input type="checkbox"/> DMX (36")	<input type="checkbox"/> Other	Date of X-rays:
	Lumbar	<input type="checkbox"/> 40"	<input type="checkbox"/> Other			

### 1 Patient Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Sex:  Male  Female  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### 2 Referring/Treating Physician Details

Name: \_\_\_\_\_ Check Applicable:  M.D.  D.O.  D.C.  
 Clinic Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Please submit all billing information available, i.e.: Med Pay, PIP, Liability, Health Insurance and Attorney Information.

### 3 Attorney Details

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

### 4 Insurance Details

Name of Insured: \_\_\_\_\_  
 Relationship to the Patient:  Self  Spouse  Child  Other: \_\_\_\_\_  

Primary Insurance Company _____	Secondary Insurance Company _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Telephone: _____
Claim # / ID #: _____	Claim # / ID #: _____
Group# / Policy #: _____	Group# / Policy #: _____
Adjuster / Contact _____	Adjuster / Contact _____

**\*CRMA Requires 3 views per spinal region. (Flexion, extension, neutral lateral)\***

ASSIGNMENT OF BENEFITS, LIENS, DIRECT PAYMENT AUTHORIZATION, AUTHORIZATION TO RELEASE INSURANCE INFORMATION, AND AUTHORIZATION TO ESCROW UNPAID MEDICAL & PIP BENEFITS  
**TAMPA SPORTS & WELLNESS CHIROPRACTIC, LLC**

INSURANCE CARRIER: \_\_\_\_\_ CLAIM #: \_\_\_\_\_  
DATE OF LOSS: \_\_\_\_\_

For and in consideration of Tampa Sports & Wellness Chiropractic, LLC agreeing to pursue the responsible automobile insurance carrier for payment of benefits due and not requiring prepayment for services, I hereby irrevocably assign all rights and benefits to Tampa Sports & Wellness Chiropractic, LLC for Personal Injury Protection, extended Personal Injury Protection, Medical Payment Coverage, and other benefits which I may have in accordance with Florida Statute §627.736. This includes any benefits from my insurance company and any other entity which may be responsible for medical expenses incurred. I further authorize Tampa Sports & Wellness Chiropractic, LLC to collect payments & prosecute any necessary actions to collect payment for services as they see fit and allowable by law and contract. THIS DOCUMENT CONSTITUTES AN ASSIGNMENT OF RIGHTS AND BENEFITS.

I hereby further give a lien to Tampa Sports & Wellness Chiropractic, LLC against any and all insurance benefits named herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by Tampa Sports & Wellness Chiropractic, LLC as a result of the above stated loss date. This document acts as an irrevocable absolute assignment of my rights and benefits to the extent of the charges for services provided. I agree to cooperate with Tampa Sports & Wellness Chiropractic, LLC and their attorney's (at their choosing), and to do all things reasonable to effect payment of the bills by the insurance company or other entity to Tampa Sports & Wellness Chiropractic, LLC including, but not limited to, disclosing my medical condition, being available for factual discovery or other cooperation.

This assignment concerns only the bills for Tampa Sports & Wellness Chiropractic, LLC and those costs including, but not limited to, attorney's fees, other costs, and interest necessary in procuring payment from the above-named insurance company and/or other entities. This assignment is not intended to assign any other causes of action that may belong to the undersigned patient. I agree to pay any applicable deductible or co-payment not covered by any policy of insurance cited above. I understand that as a benefit and convenience to me, Tampa Sports & Wellness Chiropractic, LLC will bill and pursue collection against the insurance company or other responsible entity on my behalf. I hereby instruct and direct my insurance company to pay my benefits directly to Tampa Sports & Wellness Chiropractic, LLC at the address provided on the bill. If my current policy prohibits direct payment to doctors, then I hereby instruct and direct my insurance company or other responsible entity to make the check payable to me and mail it to Tampa Sports & Wellness Chiropractic, LLC at the address on the bill. Tampa Sports & Wellness Chiropractic, LLC's medical care is being provided for a reasonable fee for treatment causally related to the above loss date and is medically necessary. I instruct my insurance carrier or other responsible entity to pay these bills to the full extent of my available benefits under the insurance policy and Florida law. If any portion of the charge for these services is either reduced or denied in whole or in part, my insurance company or other entity is to place funds equal to the amount of the reduced or denied charges into escrow and hold the escrowed funds until agreement or resolution of legal action by Tampa Sports & Wellness Chiropractic, LLC. I further instruct my insurance company to make payment for charges submitted by Tampa Sports & Wellness Chiropractic, LLC in priority to any other requests to escrow benefits, including a request by myself to reserve benefits for pending disability claims. I hereby give Tampa Sports & Wellness Chiropractic, LLC limited power of attorney to endorse and sign my name on any draft for payment to either Tampa Sports & Wellness Chiropractic, LLC or myself if said draft represents payment for charges related to services rendered by Tampa Sports & Wellness Chiropractic, LLC.

I further direct my insurance carrier or responsible other entity to provide information to Tampa Sports & Wellness Chiropractic, LLC which is otherwise available to me including but not limited to a copy of any applicable insurance policy, declaration page, all applicable endorsements, transcripts and/or copies of any recorded statements, examinations under oath and requests for same, independent medical evaluations and requests for same, peer review reports, and a listing of all PIP benefits paid to date which shall include when claims were made, when the claims were received, the payment or denial of each claim, the amount of the deductible and the claims applied thereto, and whether benefits have been exhausted and the amount of PIP benefits available, commonly known as a "PIP log". This request includes the name of other medical providers to whom payments have been under my policy of insurance. This agreement is intended to serve as an assignment of rights and benefits under my policy of insurance in favor of Tampa Sports & Wellness Chiropractic, LLC. If any language within this agreement has the effect of invalidating this agreement, that language shall be deemed void and the remainder of the assignment shall maintain full force and effect. A photocopy of this assignment shall be considered as effective and valid as the original.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

*If patient is incapacitated or under the age of 18, please indicate the patient name, guardian name and relation to patient, and obtain guardian signature.*