## Standard Disclosure and Acknowledgement Form Personal Injury Protection - Initial Treatment or Service Provided

The undersigned insured person (or guardian of such person) affirms:

2.	I have the right and the <b>duty to confirm</b> that the services have already been provided.			
3.	I was <b>not solicited</b> by any person to seek any services from the medical provider of the services described above.  The medical provider has <b>explained</b> the services to me for which payment is being claimed.			
4.				
5. by		of a billing error, I may be entitled to a portion ed, my share would be at least 20% of the amount		
Ins	sured Person (patient receiving trea	tment or services) or Guardian of Insured Perso	on:	
Na	me (PRINT or TYPE)	Signature	Date	
	e undersigned licensed medical prod d also:	ofessional or medical director, if applicable, aff	firms the statement numbered 1 above	
	I have <b>not solicited</b> or caused that a claim for Personal Injury Pro-	e insured person, who was involved in a motor ection benefits.	vehicle accident, to be solicited to	
	The treatment or services render rson to sign this form with informe	ed were explained to the insured person, or his d consent.	or her guardian, sufficiently for that	
		bill is <b>properly completed</b> in all material provate each request for information has been response.		
up	coded, unbundled, or constitutes	accompanying statement or bill is proper. This an invalid <b>or not medically necessary diagnos</b> s or Section 627.736(5)(b)6, Florida Statutes.		
	censed Medical Professional Rendend):	ering Treatment/Services or Medical Director, i	if applicable (Signature by his/ her own	
Na	me (PRINT or TYPE)	Signature	Date	

Note: The **original** of this form must be furnished to the insurer pursuant to Section 627.736(4)(b), Florida Statutes and may **not** be electronically furnished. Failure to furnish this form may result in non-payment of the claim.

SUNSET CHIROPRACTIC DR. JEFFREY MOODY 3826 BRITTON PLZ. TAMPA, FL 33611 PHONE: (813)544-2225

## RECEIPT OF NOTICE OF PRIVACY PRACTICES

## WRITTEN ACKNOWLEDGEMENT FORM

## **SUNSET CHIROPRACTIC**

I,	_ have read a copy of Sunset
Chiropractic's Notice of Patient Privacy practices	s and HIPAA compliance notice.
Signature of Patient or Parent or Legal Guardian	Date