



MaxHealth

Family, Internal & Sports Medicine

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Hours:

Monday 7am - 7pm
Tuesday 7am - 7pm
Wednesday 7am - 7pm
Thursday 7am - 7pm
Friday 7am - 5pm
Saturday 7am - noon
Sunday Closed

Motor Vehicle Accident & Third-Party Liability Waiver Form

Please be advised that your health insurance may not cover visits in relation to motor vehicle accidents and/or third-party liability. We will bill your health insurance if you choose, but we will be unable to bill to a third party such as an auto insurance company or business. Should your health insurance not pay, you will be responsible for payment in full upon receipt of our statement.

I understand that I will be responsible for payment in full for _____'s (name of patient) visit today and any other visits having to do with the motor vehicle accident (**MVA**) or third party liability occurring on _____ (date of incident) should my health insurance not cover the charges.

Signature of patient, parent or legal guardian Date

For Office Use Only:

1st Date of Service: _____ Patient's Account #: _____

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