



MVA PAYMENT AGREEMENT

PEAK PHYSICAL THERAPY HAS EXPLAINED MY INSURANCE COVERAGE & BENEFITS & I AGREE IT IS MY RESPONSIBILITY TO CONTACT MY AUTO INSURANCE CARRIER WITH ANY ADDITIONAL QUESTIONS OR CONCERNS. IF AFTER 45 DAYS FROM MY INITIAL TREATMENT MY AUTO INSURANCE CARRIER HAS NOT RESPONDED WITH PAYMENT, I AGREE TO PROVIDE PRIVATE HEALTH INSURANCE INFORMATION, MAKE PAYMENT IN FULL OR MAKE MONTHLY PAYMENT ARRANGEMENTS.

PATIENTS NAME _____

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____

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