

# **Financial Policy and Agreement for *Motor Vehicle Accident Claims and Worker's Compensation Claims***

West Linn Primary Care – Huey Meeker, M.D.

*The primary goal of our practice is to provide the finest adult medical care in our community. Since our practice has obligations that must be met, we ask that you agree to abide by our payment policies.*

If your insurance company, including, but not limited to, motor vehicle insurance, worker's compensation insurance, and/or medical insurance denies your claim, closes your claim, and/or denies to pay for your medical expenses for any reason during which you are seeking medical care for that claim at West Linn Primary Care, you will be personally responsible for paying the financial charges accrued during the visits to our office under that claim.

**Yes, I have read and understand this *Financial Policy for Motor Vehicle Accident Claims and Worker's Compensation Claims* for West Linn Primary Care. Signing below indicates that I agree and will abide by this policy.**

**You must also read and sign West Linn Primary Care's general *Financial and Appointment Policy and Agreement* and abide by those policies as well.**

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**Signature** of Patient or Legal Representative of Patient

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**Printed Name**

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**Date**