



John D. Marshall, M.D. **Daniel D. Smith, D.C.**
Summer Marshall, P.A.-C **Adam L. Schwartz, P.A.-C**

Date _____

Insurance Co _____

Adjuster _____

Re: Med-Pay or PIP Claim
 Insured Name: _____
 Policy No.: _____
 DOL: _____
 Claim No.: _____

Dear Adjuster:

As you are aware, I was recently injured in an automobile accident for which I am receiving medical treatments and services from Paradise Valley Family Care. From time to time, he will submit bills to you for the medical services he is providing to me for these injuries. Please pay these bills under the medical payment (or personal injury payment) provision of the automobile insurance policy referenced above.

All payments made to this medical provider on this claim must be made payable to: Paradise Valley Family Care. Your failure to make said drafts payable as such will contradict my express direction and may render me personally liable for those charges. In this regard, your anticipated cooperation is greatly appreciated.

Very truly yours,

[Patient's Signature]

Printed Patient's Name