

# CAPITAL IMAGING, LLC

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## PIP Authorization

Dear Patient,

You have indicated that you were involved in an automobile accident. As a courtesy to you, we will file for benefits under your Personal Injury Protection Coverage (PIP) so that you can be reimbursed for today's services. Even if someone else is a fault, you have to use **YOUR** PIP coverage for these expenses. Using your PIP coverage will not increase your auto insurance premium. Please note that in the event your insurance carrier requires copies of your medical records to process your claim, you will be requested to pay \$22.18 processing fee and \$.73 per page, plus postage before records can be sent. Once PIP benefits are exhausted, it is your responsibility to obtain a letter from your PIP carrier indicating there are no further benefits available **BEFORE** we can begin filing for services rendered to your health insurance company for possible processing.

Automobile Insurance Company Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

I, \_\_\_\_\_ authorize **Capital Imaging, LLC** to apply for benefits on my behalf for all services rendered. I further authorize the release of all medical information necessary to process my claims. I request that payment be made directly to **Capital Imaging, LLC**. I permit a copy of this authorization to be used in place of the original. If it becomes necessary to turn this account over to a collection agency/attorney, I agree to pay all reasonable costs of collection, attorneys fee's and a one time service charge of 25% of the balance due.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date