

Financial Policy (Health Insurance)

We would like to take a moment to welcome you to our office and assure you that you will receive the very best of care available for your condition. In order to familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

Explanation of Insurance Coverage:

Many insurance policies do not cover chiropractic care and this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for chiropractic care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductible, as well as any unpaid balances in this office. We will do our best to verify your insurance coverage, and will bill your insurance in a timely manner as a courtesy to you.

Payment Arrangements:

We require that you pay your co-pay or estimated coinsurance at time of service. Any remaining portion of the bill is expected to be paid when payments are received from your insurance carrier. Any unpaid balances will be considered past due 30 days following insurance reimbursement. Past due balances may have an interest charge of 3% applied per month. If you have a specific contracted amount for copayment that amount is due at the time of service.

Our office participates in an Auto-debit program for collecting of all copays, coinsurances and balances. An authorization form will be required to be filled out in the office.

Assignment of Benefits:

By signing this form, you are authorizing payment of medical benefits will be made directly to this office. If your insurance carrier sends payment to you for services incurred in this office, you agree to send or bring those payments to this office upon receipt. However, if you pay for your visits in full the assignment will not be reported by this provider and any payment will be sent directly to you.

Release of Information:

If your insurance company requires medical reports or records to document your treatment or progress, your signature below authorizes this office to release the medical information necessary to process your claim.

Voluntary Termination of Care:

If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered at this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

We hope this answer any questions you might have concerning the financial policy of this office. Once again, we welcome you to our office, and will be glad to answer any further questions you may have.

***When signing up for the Auto-Debit program if there is a balance remaining on your account after the 5th of the month, your card will be automatically ran for any balance on your account up to \$50.00 or the amount elected on the authorization form.**

I have read and agree to the above.

Signature

Date