



Financial Policy

Our policy is to extend to you the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under care.

- 1. If You Do Not Have Insurance:** All payments are expected at the time of service or by an authorized payment plan. Your personal balance may not exceed \$100 at any time or care may be terminated. We offer a “time of service” discount to those patients paying out of pocket. Please inquire about details. After 30 days, all unpaid accounts will be turned over to a collections agency. Any fees incurred from the collections process will be the responsibility of the patient.
- 2. If You Have Insurance:** All deductibles, co-payments and co-insurance are expected at the time of service. If a patient overpays our office at anytime, their account will be credited or a reimbursement check will be issued upon request. The patient is responsible for charges not covered by their insurance company. Payment is due within 30 days of receiving your bill. After 30 days, all unpaid accounts will be turned over to a collections agency. Any fees incurred from the collections process will be the responsibility of the patient. Your balance may not exceed \$100 at any time or care may be terminated.
- 3. Medicare coverage:** Medicare covers chiropractic spinal adjustments only. All other services will be the responsibility of the patient.
- 4. Returned Checks:** A \$25.00 fee will be added to the patient balance for checks that are returned to us. Payment is due within 30 days of receiving your bill.
- 5. Auto Accidents:** A copy of the police report and auto insurance are required on the first visit. Our office will verify if there are Med-pay benefits available to the patient. The patient is responsible for any fees not covered under Med-pay. If you retain an attorney, he/she must sign a lien with our office. In the event you are no longer represented by your current attorney and do not retain another, or your auto insurance stops payment, your account is due and payable in full the first day you are not represented. You must supply a credit card number on file for us to collect said funds, and we will auto debit no later than 10 days after not being represented by an attorney or your med-pay expiration date.

Patient Name (print): _____

Patient Signature: _____ Date: _____