

Financial/Missed Appointment Policy

Most insurance companies have benefits for Chiropractic treatment. Deductibles and Co-pays will vary among insurance companies. It should be pointed out that our contract for services is with you the patient. We work for you and not the insurance company.

Policies:

1. As a courtesy to you, we will call to see if your insurance policy includes Chiropractic benefits. If we are informed that you have not met your yearly deductible; your account balance is required to be paid directly to our office by you. We will need a copy of your driver's license and your insurance card for your file.
2. If you provide us with the necessary information; we will bill your health insurance company and have you assign payment to us in our office. **Your Co-payment is due at the time of each visit.**
3. If you receive a check from your insurance company for services rendered in our office, bring the check and any other attached forms to our office immediately.
4. The verification provided by this office is not a guarantee that your insurance company will pay what has been stated. **Your account is your responsibility.**
5. We will accept payment on your account in the form of CASH, VISA, MASTERCARD, DISCOVER or CHECK.
6. If your insurance or personal information changes during the course of your treatment in our office, you are required to inform us as soon as possible.
7. If you receive a bill, the **payment is due upon receipt**. All accounts with a balance of over 45 days will be assessed a 1% late charge per month on the unpaid balance. In the event that an account becomes assigned to a collection agency, the patient will pay 100% of any collection fees, 100% of any court costs, and 100% of any attorney's fees.
8. If you miss an appointment and do not give our office 24 hour advanced notice; **you, not your insurance** will be billed the cost of that appointment.

By signing below you have affirmed that you have read, understand and accept these policies in full.

Patient's Signature: _____ Date: _____