

Financial Policies

Our experience has shown that it is wise to have an understanding with our patients as to our office financial policies and fees. Therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your care in our office and you may choose the plan that you prefer. We will also be happy to submit charges incurred to your insurance company, however, you are ultimately responsible for all charges. This information will enable us to serve you and help to avoid misunderstandings in the future. Our main concern is your health and well being and we will do our best to help you.

It is the policy of this office that all services rendered are charged directly to you, the patient, and that ultimately the patient is responsible for all services, including those not reimbursed by third party payers.

All payments are expected at the time of service, at the end of each week, or at specified plan date. Patient balances may not exceed \$200 at any time.

All insurance assignment patients **MUST** pay their deductibles in full and the co-payment amount at the time of service, or at the end of each week.

The privilege of insurance assignment begins when our office receives your insurance forms. You are considered to be a cash patient until our office "qualifies" your coverage to determine the extent of benefits under your policy. This office does not file or accept co-payment for secondary insurance coverage.

Should you discontinue care for any reason other than discharge by the doctor, any and all balanced due will become immediately payable in full, regardless of any submitted claims.

This office does not promise that an insurance company will reimburse you for the usual and customary charges submitted by this office, nor will we enter into any dispute with an insurance company over the amount of reimbursement.

Since we do not own your policy and occasionally we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying the situation.

Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1.5% per month. Charges may also be made for missed appointments and those cancelled without 24 hours notice.

All accounts not paid within 90 days may be automatically put through on your personal credit card for collection.

Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of your policies, please let us know.

Our usual and customary fees are as follows:

Consultation	\$50 - \$140
Comprehensive Orthopedic/Neurological Exam	\$65 - \$250
X-Ray per view	\$45
Report of Findings (15 minutes)	\$65 - \$95
Basic Office Visit (adjustment)	\$50 - \$100
Supportive/Correction Procedures	\$50 - \$100
Patient Education Classes	\$50
Neuromuscular Re-education	\$45
Thermoscribe Scan	\$30

All patients, with or without insurance, are responsible for full payment for the first visit (unless other arrangements have been made in advance)

Today's payment will be made by: Cash Check Credit Card

Patient's Signature _____ Date _____