

OFFICE AND FINANCIAL POLICY

Dear New Patient,

I would like to take this opportunity to welcome you and thank you for choosing my clinic. My primary concern is to provide you with quality chiropractic care. My goal is to build a relationship with you of confidence and trust. I hope your experience with this office will be pleasurable and will make you want to refer your family and friends for the benefits of Chiropractic care.

I would like to take a minute to explain some of the office policies.

APPOINTMENTS

When appointments have been made, that time has been reserved for you. As a courtesy we ask that if you will be unable to keep your scheduled appointment that you call 24 hours prior to your appointment to reschedule. If not, I reserve the right to charge you \$25.00 for the missed appointment.

Initials _____

RE-EXAMS AND REEVALUATIONS

In the interest of the patient and to ensure up to date health status, all patients whose files are inactive for a period of 6 months or longer will be subject to a re-exam at a charge of \$90.00 before treatment.

Initials _____

SERVICES AND SUPPLIES

All orthopedic supplies and nutritional supplements must be paid for when received.

Initials _____

PAYMENTS

Payment is expected for all services when rendered unless prior arrangements have been made. Payment plans are available and I will be happy to discuss them with you. For those who have insurance, as a courtesy, I will verify your insurance coverage at the beginning of your care. However, **I Can Not Guarantee Benefits.** If you have a hand book you should refer to it or call to verify your benefits yourself. Your carrier does not guarantee the benefits they describe to us over the phone. Claims must be submitted and reviewed. **Please Note:** Authorization by a utilization review board does not guarantee payment of those visits authorized. **You are responsible for knowing your insurance limits, maximums and restrictions. Your care is not based on the number of visits your insurance carrier may authorize, but on the care most appropriate for your condition.** I will also bill directly to your insurance carrier for you as a courtesy and make every attempt to see your claims are paid. If problems occur, I will not enter into any dispute over unpaid claims with your insurance carrier. The contract is between you and your carrier and is your responsibility. All unpaid claims are your financial responsibility. All deductibles and co-payments are due at the time of your visit.

Initials _____

Welcome to My Clinic!

Patient Signature _____ Date _____