

FINANCIAL POLICIES

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic care here at our office, and you may choose the plan which best fits your needs. Please read carefully and choose the plan that you prefer. This information will enable us to better serve you and help us to avoid misunderstandings in the future. Our main concern is your health and well being, and we will do our best to help you.

PLAN #1: CASH

The cash plan means that ALL FEES are to be PAID AT THE TIME SERVICES ARE RENDERED.

PLAN #2: HEALTH INSURANCE

If you have insurance, which covers Chiropractic services, we will bill your insurance company directly. However YOU are responsible for the portion which your policy may not cover. **For**

example:

- A. Most insurance plans have a deductible (usually the first \$50, \$100, etc. that the insurance company does not pay) which must be paid before the plan is in effect.
- B. Most insurance plans provide 80% coverage for your Chiropractic Care. Therefore, you must pay the remaining 20% (called co-insurance), at the time services are rendered.

REMEMBER, your insurance policy is a contract between you and the insurance company, NOT the doctor. You are personally responsible for any charges not covered by your insurance. This plan is provided for your convenience.

PLAN #3 CHARGE

For the convenience of those who wish to charge payment for services rendered, we extend credit through the use of VISA, MASTERCARD & DISCOVER at the time services are rendered.

I AGREE TO USE PLAN #_____ FOR THE CHIROPRACTIC CARE THAT I NEED.

IF FOR ANY REASON, THE RECOMMENDED CHIROPRACTIC CARE IS NOT COMPLETED, THIS AGREEMENT WILL APPLY ONLY TO THE SERVICES ACTUALLY COMPLETED, AND IN NO WAY OBLIGATES ME TO CONTINUE THE COURSE OF TREATMENT RECOMMENDED.

(PATIENT SIGNATURE)

(DATE)

(WITNESS)

(DATE)