

OUR OFFICE POLICY

In response to the complex healthcare industry and frequent changing insurance industry, we have established this policy to optimize our operations in order to spend more time on patient care and less time on administration. Please carefully read the items below regarding your responsibilities so that we can work together to provide the highest quality healthcare for you.

1. **Know** your insurance plan. Many plans and their benefits change yearly. Many visits, benefits and types of therapies are not covered. It is your responsibility to know what your benefits are. Almost all insurance cards have an 800# for you to call and ask questions. We are willing to bill most plans that have coverage for chiropractic. We also have a billing statement that you can self bill any plan.
2. Co-payments, Deductibles and Co-Insurance are due at the time of service, but this does not guarantee that your insurance will pay the balance.
3. There is an additional charge for all outside forms, medical records and administrative requests.
4. There will be a \$15.00 charge on all returned checks.
5. **Please** call the office if you need to cancel or reschedule an appointment. This will open a timeslot for another patient.
6. You must inform us immediately of any changes in your address, phone number or insurance coverage.
7. No records, insurance or any healthcare information leaves our office without written consent from you.
8. We do send bills to Medicare even though we are not Medicare participating. We do not bill secondary plans to Medicare as it requires the explanation of benefits that Medicare does not provide to us.
9. If you are advised to go to the Emergency Room by the doctor or representative you must do so. Failure to comply may result in delay of diagnosis, treatment, prolonged illness, or death.

I have read and agree to follow the above-mentioned guidelines and by signing below I acknowledge receiving a copy of this.

Patient Name – Please Print

Patient/Guardian Signature

Date