

Arbuckle Chiropractic

INSURANCE or PRIVATE FINANCIAL AGREEMENT

GROUP

Your insurance is an agreement between you and your insurance company, NOT between your insurance and this facility. As a professional courtesy, our office will complete any necessary forms, and file them with your company. It is to be understood and agreed that services rendered are charged to you directly and you as the patient are responsible for services rendered. Patient is required to pay deductible, co-payments or co-insurance at the time of visit as stated in your insurance policy. Subsequent services may be paid prior to all visits at the beginning of treatment.

If our office does not receive proper payment from insurance after 90 days, the patient will be billed and held accountable for total amount. We will not become involved in disputes with your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information.

WORKERS COMPENSATION

Worker's Compensation usually pays for Chiropractic care. If an attorney is handling your case please inform our receptionist. Although you are ultimately responsible for your bill, our office will wait to be paid as long as you are an active patient. Upon being released from care, a 90 day period will be allowed for claim settlement. If settlement has not been reached payment for services will become patient responsibility.

MEDICARE

This facility will complete the necessary forms and file them to Medicare, as a professional courtesy. The patient is responsible for the deductible or co-payment at the time of visit. Subsequent services may be paid prior to all visits at the beginning of treatment.

PERSONS WITHOUT INSURANCE

This office requires that the first visit be paid in full. For your convenience, payment may be arranged for additional services on the last visit of each week. Special arrangements can be made for financial hardships.

BILLING

Any outstanding patient balances are billed monthly and considered due 10 days after the invoice date. Returned checks are subject to a \$20 returned check fee. Outstanding balances over 90 days are subject to be sent to collections and include interest plus legal fees, unless other arrangements are made.

I understand that if I suspend or terminate my schedule of care as determined by the treating Doctor any fees for professional services will be immediately due and payable.

BY SIGNING THIS CONTRACT I AUTHORIZE ARBUCKLE CHIROPRACTIC TO RELEASE ANY NECESSARY INFORMATION TO COLLECT FOR SERVICES RENDERED. I HAVE READ, UNDERSTAND, AND AGREE TO THIS CONTRACT

Patient/Responsible Party

Date