

Financial Policy

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 and you may choose the plan which best fit your needs.

PLAN ONE: TIME OF SERVICE

Payment in full will be expected at time of service. For your convenience, Visa, MasterCard, personal checks, and cash will be accepted.

PLAN TWO: PCD (PREFERRED CHIROPRACTIC DOCTOR)

This plan offers a discount on most fees. Our fees are as follows: Your initial exam, x-rays, consultation, and adjustment will be \$196. Every adjustment following will be \$35 per person for the first two family members. Each additional family member will be \$10 per person per visit if all are seen on the same day. (Example) If just two family members come in, the fee is \$70; if 3 members come in on the same day, the fee is \$80. Additional fees may vary depending on future care needed as prescribed by the doctor.

PLAN THREE: INSURANCE

If you have insurance, we will bill your insurance company as a courtesy to you. The insurance is an agreement between you and your insurance carrier. We will verify your chiropractic benefits on your initial visit. Please note that the information we get from your insurance is not always correct and is "not a guarantee of payment". We require that all patients re-verify their benefits if they have any questions prior to the start of care. We are not responsible for incorrect information given by your insurance company. We do not fight insurance companies to pay without the teamwork from the patient. We do, however, provide documentation to get paid and if they deny your claim, you are personally responsible for that part of the bill. You must pay your deductible if it has not been met. All co-pays will also be due at the time of service. For your convenience we accept Visa, MasterCard, personal checks, or cash for all or partial payments.

PLAN FOUR: WORK INJURY

Being injured on the job is classified as an industrial work injury. Once it is verified that you were injured and that your employer has industrial coverage then we will bill the insurance company. If your employer or you neglect to meet the requirements of L&I and they refuse payment, you are responsible for your charges in this office.

PLAN FIVE: CAR ACCIDENT OR PERSONAL INJURY

If you are in a car accident or are in any type of personal injury suit, we will render care and send the bill to your car insurance carrier. However, this is not a guarantee of payment. If your insurance company refuses payment you will be liable for your account balance.

I understand that all responsibility for payment of services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. I also understand that any account uncollected will be turned over to a collections agency if not paid within 60 days. I understand that I am responsible for any collection fees, court costs or attorney fees that may be incurred due to the collections proceedings. Interest may be incurred on delinquent accounts at a rate of 1.5 % per month, compounded monthly.

Please sign below to indicate your understanding of our financial policies. If you do not understand, please allow us to review it with you until they are clear.

Signature: _____ DATE: _____