



## **Financial Policy**

1. It is the policy of this office that all services rendered be ultimately the responsibility of the patient, including those that are not reimbursed by third party payers.
2. All payments/co-payments/deductibles are payable when services are rendered or at the beginning of each week or month as credit to your account with no exceptions, unless prior arrangements have been made. If you choose to pay in advance you will be saving time at the front desk. If you are prepaid and pre-scheduled no wait is necessary, you can return your chart to the front desk counter and leave.
3. This office does not promise that an insurance company will reimburse for the usual and customary charges submitted by this office. We will honor what they communicate to us at the time of benefit verification, but as they do not guarantee benefits until claim is processed and released, neither can we.
4. This office will accept payment from secondary insurance but will not file with a secondary insurance and cannot guarantee charges will be reimbursed. Unpaid balances older than **60 days** will become patient's responsibility automatically.
5. Since we do not own your policy and occasionally we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying a situation on any of your bills older than **30 days**. 30 days after your acknowledgment we send you a bill.
6. SFCWC will NOT enter into a dispute with an insurance company over the amount of reimbursement.
7. It is the patient's responsibility to communicate to this office any changes in status of his/her insurance company policy, or new information on auto accident and worker's compensation. Failure to do so will result in patient being responsible for bills up to the date of our acknowledgment.
8. Returned checks will be subject to an additional \$35.00 collection fee. All balances over 30 days will be subject to a late fee of **10% of total owed every 30 days or a past due fee of \$10, whichever one is greater**.
9. All accounts not paid within **90 days** will automatically be turned over to SFCWC's Attorney. If SFCWC must file a lawsuit for unpaid balances, Patient agrees to cover all Attorney fees and Court costs.
10. All patients whose visitation schedule is once per month (or longer) will not be eligible for insurance assignment; since that frequency constitutes a well visit, insurances will not cover maintenance care.

**It is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions in regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a doctor-patient relationship that works for a mutual benefit.**

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE ABOVE **FINANCIAL AGREEMENT**.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE **OFFICE AND APPOINTMENT POLICIES** explained to me of which I hold the original copy.

Patient Initials: \_\_\_\_\_