

INSURANCE POLICY

It is the policy of this office to extend to our patients courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under chiropractic care.

1. The **privilege** of insurance assignment begins when our office receives your insurance forms.
2. All deductible payments **MUST** be made prior to insurance submittal unless otherwise noted.
3. Our office will qualify your insurance coverage in an effort to help you determine exactly what chiropractic coverage is available to you under your policy.
4. All co-payments are payable when service is rendered or unless otherwise noted. (Co-payment is that part of our service that is not paid for by your insurance company).
Any Patient must not exceed a \$150.00 co-payment balance.
5. Since **we do not own your policy** and since from time to time we experience difficulty in collecting from your insurance company and since insurance assignment is a privilege, it may be terminated at any time. Of course we will give you ample notice and ask that you act in your own behalf with **your** insurance company.
6. Charges for services rendered will again be due as they are rendered or at the end of each week. We will continue to assist you in collecting from your insurance company. **This paragraph is not applicable to Medicare patients.**
7. This office does not promise that an insurance company will pay for the usual and customary charges of this office, nor will this office enter into any dispute with an insurance company over reimbursement or the amount of reimbursement.
8. Should you discontinue care for any reason other than discharge by the doctor, any and all balances will become due and payable in full by you, regardless of any claims submitted.
9. When making a health care decision, it is important to remember that you the patient is ultimately financially responsible for any services rendered.
10. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We welcome your referrals and look forward to a doctor-patient-relationship that works for our mutual benefit.

Signed _____

Date _____