

THE CENTER FOR SPINE PAIN FINANCIAL POLICY

Thank you for choosing The Center for Spine Pain as your Chiropractic health care provider. We are committed to giving you the best care possible, and we want you to completely understand our financial policies. There are always ongoing changes in the health care industry, and these changes may affect you in the services that are covered by your insurance carrier, or in services that are determined to be due and payable directly by you. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

- Payment is due at time of service unless arrangements have been made in advance. Your financial responsibility to us will be your cash fee, co-payments and the amount your insurance company deems your responsibility such as deductibles and co-insurance, and denials for services not covered under your policy. We accept Visa, Discover, MasterCard, cash and checks. Please note: if paying by check, you understand and authorize all dishonored checks plus a processing fee will be charged to you.
- Keep in mind that your insurance policy is basically a contract between you and your insurance company. As the patient, you are ultimately responsible for payment for services rendered. *As a service to you* we file your insurance claim and the insurance company usually pays us directly. Please bring your card and personal identification to each appointment.
- Due to the multiplicity of insurance plans, we are unable to know each carrier's reimbursements and what procedures apply to your deductible and what does not. It is your responsibility to contact your insurance carrier directly for *your specific benefits*.
- Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon the receipt from our office.
- The billing department will file your Medicare Claims. Medicare supplemental insurance is billed as a courtesy to you. If no payment is received from your supplemental insurance within sixty days of filing, the balance becomes your responsibility, and we will bill you.
- Only after exhausting our internal attempts for payment, we will send a delinquent account to our collection agency or small claims court. Should this happen, you will be responsible for all costs incurred in collecting the account. You will be required to pay your account in full before scheduling another appointment if your account is in collections.
- In the instance of prepayment for service, should care be discontinued at any point, a prorated refund will be issued. If financial arrangements were made, and care is discontinued at any time, payment is still due for services rendered.

I have read and understand THE CENTER FOR SPINE PAIN FINANCIAL POLICY AGREEMENT, and I agree to be bound by its terms.

Name of Patient (PLEASE PRINT)

Date

Signature of Patient (or Responsible Party if minor)

