

# CHIROPRACTIC CLINICS INC.

## CHIROPRACTIC CLINICS, INC. OFFICE POLICY REGARDING FILING INSURANCE CLAIMS AND RESPONSIBILITY FOR PAYMENT

Our office is pleased to file any insurance claims on your behalf. We will make every reasonable effort to make contact with your insurance carrier, verify your insurance coverage, and assist you in every way we can.

It should be understood that a verification of coverage is not a guarantee of payment. Any claim filed to an insurance carrier is subject to the provisions of the respective insurance policy. You are responsible for any charges not paid by your insurance carrier.

It must be understood that the insurance policy is a contract between you and your insurance company. You are fully responsible for any amount not paid by your insurance carrier. This office will not involve itself in disputes between the patient and the insurance carrier pertaining to coverage specified under the contract.

By our office filing your insurance, we must wait for payment. This is a courtesy that may be withdrawn without notice if circumstances warrant such action.

If you discontinue care without the doctor's authorization, the balance of your account is due and payable in full immediately.

Your insurance carrier should issue payment within 30 days from receipt of the claim. If your insurance carrier has not made payment within 60 days, you are responsible for the balance due. You may then seek reimbursement from your insurance carrier on your own.

You are responsible for, and expected to make payment for any co-payment and/or deductible at the time a service is rendered.

You are required to sign the necessary documents that will allow the release of medical information to your insurance carrier, and for the insurance carrier to release any insurance payments(s) directly to this office.

If it should be necessary, this office will seek payment from you. If, after a reasonable period payment has not been received, your account could be turned over to a collection agency. That agency would be empowered to charge interest on the balance due, plus charge any fees for handling your account. Further, in the event of any legal disputes, you will be responsible for any related attorney fees and costs.

I have read and fully understood my obligation as set forth,

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Signature of Patient or Guardian

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Date