

Financial Agreement Health Insurance

Explanation of Insurance Coverage:

Many Insurance policies do cover chiropractic care but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for chiropractic care. Because of the variance from one insurance policy to another, we require that you the patient, be personally responsible for the payment of your deductible, as well as any unpaid balances in this office. We will do our best to verify your insurance coverage, and will bill your insurance in a timely manner as a courtesy to you.

Payment arrangements: SEE ATTACHED FOR PAYMENT ARRANGEMENTS.

Finance charges on any unpaid balance shown on our books 30 days following billing date will be charged at a rate of 1.5% per month (or a minimum charge of .05 on balances under \$40) which is an annual percentage rate of 18%. There will be no finance charge on accounts paid within 30 days. A 35% legal and collective fee will be charged on all delinquent accounts to cover COLLECTION costs.

Assignment of Benefits:

By signing this agreement, you are authorizing payment of medical benefits will be made directly to this office. If your insurance carrier sends payment to you for service incurred in this office, you agree to send or bring those payments to this office upon receipt. However, if you pay for your visits in full the assignment will not be reported by this provider and any payment will be sent directly to you.

Release of Information:

If your insurance company requires medical reports or records to document your treatment of progress, your signature below authorizes this office to release the medical information necessary to process your claim.

Voluntary Termination of Care:

If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

I have read and agree to the above.

Signature

Date