

COMPLETE CHIROPRACTIC & BODYWORK THERAPIES
FINANCIAL POLICY

Thank you for choosing Complete Chiropractic & Bodywork Therapies as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your commitment here. The following is a statement of our Financial Policy, which we require you read, and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

- Full payment is due at the time services are rendered.
- We accept cash, checks, or Visa/MasterCard.
- For massage therapy services we accept cash or check only. Payment is made directly to the practitioner.

Regarding Insurance:

We may accept assignment of benefits after we have verified your insurance. All co-payments and deductible amounts are to be paid in full at each visit. The balance is your responsibility whether your insurance company pays or not. If you need an alternate financial arrangement, please speak directly with our Financial Coordinator. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 60 days, the balance will become your responsibility and you will be expected to pay at that time. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients:

Adult patients are responsible for full payment at time of service.

Minor Patients:

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment at time of service. For unaccompanied minors, Visa/MasterCard, or payment by cash or check at time of service is expected.

Missed Appointments:

It is essential that 24 hours notice be given if you cannot keep your scheduled appointment. We reserve the right to charge for missed appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____
Date: _____
Signature of Patient or Responsible Party

X _____
Date: _____
Signature of Co-Responsible Party