



Financial Policy

Our experience has shown that it is wise to have an understanding with our patients as to our office policy and fees. Therefore, this form has been prepared for your convenience and information. As an office policy, we will discuss your treatment plan and all expected financial obligations before beginning corrective care in our office so that you can make an informed decision about your health. There are several cost effective ways to receive care in our office and each will be discussed with you before beginning any corrective care plan. If at any time your insurance coverage or financial situation changes, it will be your responsibility to contact our billing department for updates. As always, our main concern is your health and well-being, and we will work with you to provide that care in a way that is most appropriate for you.

Plan 1: Insurance

If you have insurance which covers chiropractic services, we will bill your insurance company directly. However, you are responsible for the portion which your policy may not cover. For example:

- A. Most insurance plans have a deductible that must be satisfied before the plan is effective.
- B. Most insurance plans provide co-insurance for your chiropractic care, meaning, for example, they will account for 80% of your acute care and you will be responsible for the remaining 20%.
- C. Most insurance companies are only concerned with sick-care and do not cover wellness or maintenance visits.

A financial estimate will be completed and reviewed with you before a corrective care plan begins.

Plan 2: Cash

This plan means that all fees will be paid by the patient. Cost effective payment plan options will be discussed with our office before any treatment plan is started.

Plan 3: Personal Injury

If you are in an auto accident or in any type of personal injury suit, we will render care and send the bill to your attorney or authorized insurance carrier. If an attorney is involved, an attorney's lien must be signed to direct payment of the bill. The patient and attorney must keep our office up-to-date as to any changes or conditions in this case. If an insurance company is billed, benefits must be assigned to the doctor and an insurance form must be provided.

NO CHARGES WILL BE INCURRED IN OUR OFFICE WITHOUT PRIOR CONSENT FROM THE PATIENT. IF YOU EVER FEEL A CHARGE HAS BEEN MADE IN ERROR, PLEASE CONTACT OUR OFFICE IMMEDIATELY. YOU ARE ONLY RESPONSIBLE FOR SERVICES RENDERED.

I INTEND TO USE PLAN # _____ FOR THE CHIROPRACTIC CARE WHICH I NEED.

If for any reason the recommended chiropractic care is not completed, this agreement will apply only to the services actually completed and in no way obligates me to continue the course of treatment recommended. If care is discontinued, the balance due for care received up to that date is due in full within 30 days.

I agree to pay all costs of collection including reasonable attorney fees where collection is turned over to an attorney for collection. I hereby waive all rights of exemptions under the constitution and laws of the State of Georgia and the United States of America.

Print Name

Signature

Date