



Financial Policy

DOUGLAS CHIROPRACTIC

Regain, Maintain, & Enjoy Your Life

Your insurance policy is an agreement between you and the insurance company. It is important that you understand your health and accident benefits listed in your policy. You or your guardian is personally responsible for any charges for services which are rendered to your account. There are many variations in insurance coverage. We request that you call your insurance company to get your Chiropractic Benefits within the first week of care.

As a courtesy to you, our office will also call your insurance company to verify insurance coverage, BUT this is not a guarantee of what the insurance company will pay. We will try, to the best of our ability, ESTIMATE what your coinsurance/co-pay will be at each visit. It is our Office Policy to collect any deductibles, co-insurances or co-pays at EACH visit unless other arrangements are made.

ONCE NOTIFIED BY THE INSURANCE COMPANY THAT SERVICES RENDERED ARE NOT PAYABLE UNDER THE "MEDICAL NECESSITY" CLAUSE IN YOUR CONTRACT, YOU AGREE TO ACCEPT FULL RESPONSIBILITY FOR THOSE SERVICES. IF YOU ELECT TO CONTINUE CARE, YOU AGREE TO ACCEPT FULL RESPONSIBILITY FOR SERVICES RENDERED.

Any balance not paid by the insurance company becomes your responsibility. We require a minimum monthly payment in the amount of 10% of the patient's balance due. If the minimum monthly payment is not paid, an annual interest rate of 18% will be charged to your account.

If care is terminated by the patient, payment for services will be due in 30 days. If payment is not received, a late fee of 5% per month will be assessed to the unpaid balance until the account is paid in full.

In signing this form, I have read and understood this information.

Patient Signature _____ Date _____

- Pay balance in full at the time of service
- Please submit this to my health insurance
- Set up a payment plan with Douglas Chiropractic Center
- Please submit this to my employer for Worker's Compensation
- Please submit this to my Personal Injury or Automobile Insurance

Copy of Insurance Card-Front and Back: