

# FINANCIAL POLICY/AGREEMENT

## PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED

Kevin B. Harrison

Lake City Chiropractic Clinic

As your chiropractor, we are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need assistance and your understanding for our payment policy.

WE ACCEPT CASH, CHECKS AND CREDIT CARDS (VISA, MASTERCARD); RETURNED CHECKS ARE SUBJECT TO A SERVICE CHARGE ALLOWED BY LAW. IF FINANCIAL ARRANGEMENTS NEED TO BE MADE, PLEASE SEE OUR *FINANCIAL DEPARTMENT BEFORE TREATMENT IS RENDERED.*

---

### FINANCIAL AGREEMENT

We will gladly discuss your proposed treatment and do our best to answer any question relating to your insurance. You must realize, however, that:

1. *YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND/OR YOUR EMPLOYER AND THE INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT.*
2. *WE WILL CONTACT YOUR INSURANCE COMPANY REGARDING YOUR BENEFITS. UNFORTUNATELY, THIS IS NOT A GUARANTEE OF PAYMENT AND IF YOUR INSURANCE DOES NOT PAY YOU; YOU ARE RESPONSIBLE FOR YOUR BILL.*
3. *FAILURE TO PROVIDE US WITH COMPLETE AND ACCURATE INFORMATION MAY RESULT IN NON-PAYMENT OR REDUCED PAYMENT BY YOUR INSURANCE COMPANY.*
4. *IT IS YOUR RESPONSIBILITY TO KNOW YOUR BENEFITS AND KEEP RECORD OF DEDUCTIBLE AND LIMITATIONS OF YOUR POLICY.*

I have read, understand and agree to the above financial policy.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Witness and Date

PLEASE CHOOSE THE METHOD THAT APPLIES TO YOU: READ AND INITIAL THAT YOU UNDERSTAND AND AGREE TO OUR POLICY:

CASH/SELF/PRIVATE PAY: Under most circumstances the initial chiropractic exam charge will be \$75.00 and follow-up visits will be \$45.00. Ex-rays will start at \$35.00 per series. Patient Initial: \_\_\_\_\_

#### GROUP INSURANCE AND PRIVATE INSURANCE POLICIES (NOT AVMED)

Insurance percentages (i.e. 80/20, 90/10) are due at the time of service unless prior arrangements have been made. Co-payments and deductibles are due at the time of service. Patient Initial: \_\_\_\_\_

AVMED: Limits treatment to acute pain only. AVMED will only cover approximately 12-15 visits per episode of discomfort. Paperwork updates are required yearly. Co-payments are due at the time of service. Patient Initial: \_\_\_\_\_

MEDICARE: Your deductible and 20% of the allowable charges are due at the time of service. Medicare covers only the chiropractic adjustment. Certain Medicare non-covered charges may apply and you will be responsible for these charges. Medicare supplement insurance does not cover these services. Most secondary insurance covers these charges. You may be requested to sign additional Medicare forms through the year. Co-pay is \$6.55 and non covered charges are \$10.00. Patient Initial: \_\_\_\_\_