

FINANCIAL POLICY

SCHEDULING

- All appointments during regular hours must be scheduled so as to reduce waiting time for you and others.
- You are free to stop in at any time but you will have to wait until all scheduled appointments are seen. You will be fit in as soon as possible.
- Cancellations require 24 hour notice a \$20.00 fee will be due if cancellation is less than 24 hours.

PAYMENT

- Payment is expected in full at the time services are rendered. This includes all co-payments.
- For your convenience we accept Cash, Checks, MasterCard and Visa.
- Payments on your deductible will be made by paying our per visit charge until it is met.
- Should you discontinue care for any reason other than discharge by the doctor; any outstanding balances will become immediately due and payable in full by you.

INSURANCE

- Our office will verify your insurance coverage in an effort to help you determine chiropractic coverage under your current policy. All insurance companies have a strict policy; they **do not guarantee** any coverage or explanation of benefits over the phone. It is the responsibility of the patient to contact their insurance if there is a discrepancy or error in your benefits processing.
- It is your responsibility to provide us with all the appropriate insurance forms, addresses, and information so that proper filing can be done.
- We are not obligated to accept your insurance payment on an assignment although, for your convenience, we may, base on our experience with your insurance carrier.
- You are always responsible for the portion of your bill the insurance may not cover and for your annual deductible.
- **Remember that your insurance coverage is a contract between you, your employer and your insurance company.** We do not bill any secondary insurance carriers.

FEES

- Our fees generally fall within what is considered reasonable and customary for this area.
- Many insurers pay a percentage of the reasonable and customary rate.
- If at any time there is a credit due to the patient based upon a reduction made by the insurance or payment for a service that was verified as non-covered, patients may use that credit on future visits or call the office and ask for a refund.

LASTLY

- You are responsible for all charges incurred as a patient of this office.
- We will do all we can with your insurance claims, but ultimately, you are responsible for payment. Unpaid claims will be turned over to the patient responsibility after 60 days if their insurance has not made payment.
- Past due statements for unpaid balances will be mailed. Statements unpaid for more than 30 days may be subject to an interest charge.

It is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health or any of our policies, please let us know. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.

I, the undersigned, have read and agree to the guidelines of this financial/insurance policy.

I, the undersigned, have insurance coverage with _____ Insurance Company and assign directly to Hornback Chiropractic and Wellness all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize HCW to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Patient/Guardians Signature _____ Date _____