

Insurance Questionnaire & Financial Policy

It is our desire to assist our patients and allow them to receive the care needed without undue financial strain. Please fill out the insurance questionnaire, reviewing our financial policy below and discuss any questions about your financial situation with us.

Patient Name _____

1. Even though we do not participate, nearly all insurance policies provide chiropractic coverage, but benefits vary from company to company and policy to policy. Therefore, although we will generate the insurance claims, you are personally responsible for payment of services rendered with cash, check, or credit/debit/Health Savings Account cards. If these cards are used there is a 3.25% surcharge.
2. The initial examination charge is \$40 and is payable at the first visit. We also prefer that additional services such as x-rays and treatment are paid at the time they are performed. Special arrangements can be made on an individual basis.
3. If you discontinue your care for any reason other than discharged by the doctor, you will be responsible for any unpaid balances immediately, or a monthly billing charge will be added to any balance owed. In the event of default, you will be responsible for collection charges and/or attorney fees.

Please sign below agreeing to the above policies and authorizing us to release any necessary information to your insurance company that they may require.

Signature _____

Date _____