Crater Chiropractic Clinic
Dr. Michael Warren D.C.

Financial Policy & Agreement

Thank you for choosing Crater Chiropractic Clinic as your family chiropractor. We are dedicated to your treatment being successful. Please understand that the payment of your bill is considered part of your treatment. The following is a statement of our *Financial Policy* and your agreement to pay for all services. Fees are due at time services are rendered.

Insurance

On the day of service, we will submit an insurance claim using the information you have provided us. You may be asked for the estimated patient responsibility portion of fees. Please remember that we can only **estimate** the amount to be paid by your insurance company, as they make payments based upon their fee schedule. Their fee schedules are not a standard of our profession and may differ from our charges. Our practice is committed to providing the best treatment for our patients and we charge fees which are usual and customary to our area. You are responsible for payment of treatment fees regardless of any insurance company's arbitrary determination of usual and customary rates. While we help you in every way possible to obtain your maximum allowable insurance benefits, the insurance contract is between you and your insurance company, and does not replace your responsibility for your account. It isn't easy for an office to become familiar with all of the details of every insurance plan it encounters. It is always the responsibility of the patient, not the provider, to know what is covered and what is excluded from each plan. **Payment plans are not available on any remaining patient portion of fees.**

Private Pay (cash/card)

Accounts for which we are not submitting a claim to an insurance company will be considered private pay. Payments are due in full for all services rendered on the day of treatment to receive our cash price discount of 15% on the initial visit and 20% on all return visits. If payment is not received on the same day, prices will return back to full price, and a *service charge will be applied to all remaining balances that are over 30 days old.

Minor Patients

Any minor must be accompanied by a parent or legal guardian. The accompanying adult is responsible for full payment of all charges. This office is NOT a party to a *General Judgement* regarding a *Divorce Decree*, and office policies remain in force regardless of what the GJ may state and until changed in writing.

***Service Charge**

All accounts that have a balance will receive a monthly statement from our office regardless of the date of your appointment or pending insurance claim. This will list the activity on your account. A $5.00 late fee will be applied to late monthly payments on all accounts. We reserve the right to apply a finance charge in the amount of 1.5% per month or 18% annually to all balances over 90 days as allowed by state law. A fee of $20.00 may be assessed to your account for any check returned by your bank.

Communication

Please note that you may be contacted by a member of the staff to confirm appointments, discuss financial issues or review treatment plans with you. This may also include mail that may be pertinent to your account or treatment. By signing this form, you as a patient or guardian, are giving our staff member permission to contact you and leave a voice mail regarding the account on any phone numbers provided, as well as that you understand all information provided above.

Sign Here:_____ Date:_____

Print Name:_____

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