**BOND CHIROPRACTIC**

**1 S. Jefferson Ave. Canonsburg, Pa. 15317 (724) 745-3737**

\*\*\*FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE\*\*\*

 **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 your assistance, and your understanding of our payment policy.

 **You are responsible for payment for services at the time services are rendered.**

 Payment arrangements, if necessary, must be approved in advance by our office manager. We accept cash, check, or credit card for payment. Returned checks are subject to a $20.00 charge, and any balance older than 30 days is subject to being turned over to collections.

 We will gladly discuss your proposed treatment plan, and answer any questions relating to your insurance.

 You must realize, however, that:

 1) **Your insurance is a contract between you and your insurance company.** We are not a party to that contract. Therefore you should **contact your insurance company as frequently as needed to expedite your claim.**

 2) Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage ( such as 50% or 80% ) of U.C.R.\*

 \*(U.C.R. is defined as usual, customary and reasonable fees for this region. Thus, most companies consider our fees usual, customary, and reasonable.)

 U.C.R. does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bear no relationship to the current cost of care in this area.

 3) All co-pays and deductibles are due at time of service.

 4) Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

 We must emphasize that as health care providers, **our relationship is with you, not with your insurance company.**

 If temporary financial problems affect the timely payment of your account, we require you to contact us immediately for assistance in making payment arrangements for your account.

**All charges are your responsibility**

# Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_