



Daly Chiropractic
& Wellness Center

Policy on Insurance Assignment

We are pleased to accept your insurance assignment subject to verification of your coverage. We will file your claims as a courtesy to you in every way we can. However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance.

1. I authorize payment of medical benefits directly to Daly Chiropractic & Wellness Center, LLC
2. I authorize the release of any medical information necessary in the processing of my insurance claims.
3. I agree that I will pay the percentage of charges not covered by my insurance company at the time of service. (example: If my insurance pays 80% of my charges, then I pay 20% at the time of charge.)
4. I agree that I will pay in full for charges for items or services, which Daly Chiropractic & Wellness Center, LLC believes, will not be covered by my insurance company at the time they are incurred.
5. I agree that I am totally responsible for any charges in this office and, if for some reason my insurance company does not cover charges within sixty (60) days or a claim is denied, I will pay those charges immediately.
6. I agree that if my insurance company refuses to accept assignment of benefits or for some reason sends the payments to me, I will bring or send those payments to Daly Chiropractic & Wellness Center, LLC immediately.
7. I understand and agree that Daly Chiropractic & Wellness Center, LLC will not enter into any dispute with my insurance company regarding a claim and that this is my responsibility and obligation.
8. I agree that a copy of this document can be considered that same as an original when used for insurance billing purposes.

PLEASE SELECT ONE OF THE FOLLOWING: We offer two ways of handling your account.

_____ **CASH ACCOUNT:** You will be required to pay in full for all services rendered upon each visit. As long as you pay in full upon each visit and keep your balance at zero, we will discount our prices for spinal manipulations and physical therapy modalities by 50% (point of service discount). Itemized statements will be furnished to you upon request. **We do not bill your insurance company for cash accounts.**

_____ **INSURANCE ACCOUNTS:** If you want us to bill your insurance for you, we will bill your insurance as long as your insurance company accepts assignment and we will make payment directly to Daly Chiropractic & Wellness Center, LLC. You will be required to pay in full for services rendered while meeting your deductible (discounts will not apply). After your deductible has been met, you will be responsible for paying non-covered items at the time they are purchased and for the percentage not covered by your insurance. Verification of your insurance benefits does not guarantee payment. We will bill your insurance company as a courtesy to you and will estimate you patient portion (the percentage not covered by your insurance) as closely as possible based upon the benefits as explained to us by your insurance company.

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE OFFICE POLICIES AND WILL ALLOW DALY CHIROPRACTIC & WELLNESS CENTER, LLC TO ACCEPT MY INSURANCE ASSIGNMENT.

PATIENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE