

OFFICE POLICY

We believe that a clear definition of our office policies will allow both you the patient and us the doctor to concentrate on the big issue – **RECLAIMING AND MAINTAINING YOUR HEALTH.**

APPOINTMENT POLICY

Multiple appointments have been given for your convenience, to minimize waiting and to facilitate incorporating these appointments into your daily routine.

Regardless of how many appointments are scheduled for you each week, please note that it is the frequency of visits that counts and not the days.

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit at **(201) 489-3400**. It is your obligation to make up a missed appointment within **7 days** of any cancellation.

We attempt to honor all appointments at the scheduled time. If you are late you may have to wait for the next available appointment. Please note that the Doctor at times may have an emergency situation with a patient which requires more of her/his time. If there are any questions, speak with the Doctor during your visit time.

FINANCIAL POLICY

1. **Patients with no insurance:**

All payments are expected at the time of service or at the end of each week. Patient balances may not exceed \$150.00 at any time unless other agreements have been made, or professional care may be terminated.

2. **Patients with insurance:**

- a. **In-network** – This means that our Doctors are providers with your insurance company. All co-payments are expected at the time services are rendered. Deductibles and all co-insurance payments will be billed to you the patient at the time this office receives an Explanation of Benefits from your insurance company explaining your responsibility.
- b. **Out of network** - This means that our Doctors are not providers with your insurance company. Deductibles and co-insurance payments are due at the time services are rendered. Also deductibles and all co-insurance payments will be billed to you the patient at the time this office receives an Explanation of Benefits from your insurance company explaining your responsibility.

INSURANCE POLICY

It is the policy of this office to extend to our patients the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under chiropractic care.

1. The **privilege** of insurance assignment begins when your insurance forms are received by our office.
2. All deductibles payments **MUST** be made prior to insurance submittal.
3. Our office will qualify your insurance coverage in an effort to help you determine exactly what chiropractic coverage is available to you under your policy. This information must be confirmed by you the patient and does not reflect any guaranteed accuracy.
4. All co-payments are payable when service is rendered or at the end of each week. (Co-payment is that part of our service that is not paid for by your insurance). A \$150.00 co-payment balance must not be exceeded by any patient.
5. This office does not file for or accept co-payment for **secondary** insurance carriers, but will be happy to assist you in collecting from the secondary carrier.
6. Since we **do not own your policy** and since from time to time we experience difficulty in collecting from your insurance company and since insurance assignment is a privilege it may be terminated at any time. Of course, we will give you ample notice and ask that you act in your own behalf with your **insurance company**.
7. All patient's whose visitation schedule is once per month or longer will no longer be eligible for insurance assignment. Charges for services rendered will again be due as they are rendered or at the end of each week. We will continue to assist you in collecting from your insurance company.
8. This office **does not** promise that an insurance company will pay for the usual and customary charges of this office nor will this office enter into any dispute with an insurance company over reimbursement or the amount of reimbursement.
9. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately due and payable in full by you, regardless of any claims submitted.
10. When making a health care decision it is important to remember that you the patient are ultimately financially responsible for any services rendered.
11. Lastly, 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 care 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.

Signature: _____ **Date:** _____

Print Name: _____