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Honey Brook Family Chiropractic Center

OUR FINANCIAL POLICY

We would like to take this opportunity to welcome you to our office.

CASH

1. All patients are on a cash basis until their respective insurance coverage, co-pays and/or deductibles are verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings. Payment is due in full at the time services are rendered.

INSURANCE

1. If you have insurance, we will gladly accept assignment with the following exceptions and regulations with prior certification from your insurance company.
2. We accept assignment as a courtesy to you; and this office will resubmit a claim **ONE TIME**. You are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. We are not a mediator between you and your insurance company and will not enter into any dispute with the same as your contract is between you and your insurance company. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
3. If any overpayment exists after all insurance billing has been done, we will issue you an overpayment check - it will not come from your insurance company. All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due.
4. For out of network services, any services not covered or coverage reductions by your insurance will be the patient's responsibility.
5. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payment in full is due immediately, regardless of any claims submitted.
6. If the patient fails to pay their bill, the patient is then responsible for any collection costs.
7. If you have questions concerning this or any other matter, please speak with the office manager prior to seeing the doctor.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient's Signature

Date