

COMFORT CHIROPRACTIC FINANCIAL POLICY

Please review the following Financial Policy, sign, date and give to the receptionist for placement in your chart. We hope the following will answer any questions you may have about our insurance and billing procedures and policies in relation to your appointment.

1. We accept VISA, MasterCard, Discover, cash, money orders and checks.
2. We MUST have a copy of your current insurance card in order to file for you or your family member. If you do not have your insurance card, we will ask for full payment at the time of visit.
3. If your insurance requires a referral or pre-authorization, we must have it in our office prior to your appointment. If we do not have this, we will ask you to reschedule your appointment to such time when the authorization or referral is in our office.
4. We will file any insurance with which we participate; however, we will ask you to pay for any non-covered, co-pay, co-insurance, or deductible amounts at the time of service. For patients with insurance other than who we contract with, we will ask for payment in full on the day of your visit, and we will give you an itemized receipt to file with your insurance company.
5. Your insurance policy is a contract between you and the insurance company. We cannot guarantee to you that your insurance will pay all or any part of your claim. It is important that you completely understand your benefits. It is your responsibility to verify your benefits with your insurance company; we will also verify your benefits. Be aware that many times we are given incorrect information regarding your policy. Please know your benefits, what is covered, and when your benefits begin and end or you reach your maximum benefit level for the year. We will allow your insurance sixty (60) days to pay your claim. If they have not paid by the 60th day, you will be held entirely responsible for any balance due, and you will be billed accordingly. Dissatisfaction with your insurance company does not constitute reason to withhold payment of your account with us. You will receive your Explanation of Benefits (EOB) from your insurance, you will receive this weeks/months before we receive notification about your claim. You will have prior knowledge of how your insurance is paying/denying long before we will know. If you see that your insurance has processed your claim incorrectly, please be proactive and call your insurance so that they can inquire into the situation.
6. It is not our policy to issue refunds unless your account has a credit balance and all claims have been processed by your insurance. Refunds will not be issued for amounts less than \$10.00.
7. A \$25.00 service charge will be applied to your account for all returned checks or any stopped payment on an issued check.
8. Payment for services to any dependant children rests with the parent who seeks treatment.
9. MISSED APPOINTMENT / CANCELLATIONS – Our policy is to charge for missed appointments or appointments cancelled with less than 12 hours notice at a rate of \$25.00.

Authorization

I agree to be responsible for any medical expenses incurred with Comfort Chiropractic, therefore, I authorize my insurance company, attorney, or other parties to pay directly to Comfort Chiropractic and/or provide any information regarding payment of my bill. I have read, understood, and agree to the financial policy stated above and I accept responsibility for any balance not covered by my insurance company.

Signature

Date