

BELLE HAVEN FAMILY CHIROPRACTIC OFFICE POLICY

APPOINTMENT POLICY: To minimize waiting and to facilitate incorporating these appointments into your daily routine, we ask that you schedule multiple appointments. This should be done at the end of each week for the following week. Please note that in order to achieve successful treatment results; it is the frequency of visits that is important. If you are unable to keep an appointment for any reason, we require that you call immediately to reschedule for another day or time. This office reserves the right to charge \$50.00 for missed appointments/no show.

FINANCIAL AND INSURANCE POLICY: It is our policy that all services are charged directly to you and that you are personally responsible for all payments, unless your doctor is under contract with your insurance company (managed Care Plans) or you have been involved in a Workman's Compensation Injury.

MANAGED CARE PLANS: Under a Managed Care Plan you are required to make a co-payment for each visit. Typically, your policy will cover a certain number of visits per year per condition. You are required to pay for any services that are not covered. You are not required to pay for covered services that are not paid 100%. You are also required to pay for any services received beyond your policy limits.

WORKMAN'S COMPENSATION: Workman's Compensation Insurance covers 100% of all services provided for treatment for work-related injuries. You must have authorization from your employer, your employer's insurance carrier or the treating physician to use this insurance.

COMMERICAL INSURANCE: If your company covers chiropractic, you will have a deductible and a copayment percentage. As a service to you, we will bill your insurance company for you and, if allowed, you can assign your benefits directly to us, which will allow you to pay only that portion not covered by your insurance company each visit. You will be responsible for any portion of your bill not paid by your insurance company.

PERSONAL INJURY CLAIMS: Car accident insurance will usually cover 100% of all services they feel are medically necessary. We cannot, however, control what they consider to be medically necessary. Some insurance companies will make payments directly to the doctor, which will allow you to receive care without making payments each visit. If you have an attorney, you must both sign an "Attorney's Lien" in order for us to wait to receive the balance of payment at settlement. If we do not maintain contact with you or your attorney, or if you discontinue care without recommendation by your doctor, the bill for services rendered is due immediately and payment in full will be expected.

NON-INSURANCE: Many of our patients do not have insurance that covers chiropractic care. We participate with a reduced fee for service program, Preferred Chiropractic Doctors ("PCD"), which makes care affordable in these cases. More information is available from the office manager. All PCD accounts must be paid in full at the end of each week in order for reduced fees to be applied.

Should you discontinue care for any reason other than discharge from the doctor; any and all balances will become immediately due and payable in full, regardless of any claims submitted. All accounts not paid within 30 days will be turned over to an outside agency for collection and all costs of collection, including agency fees, legal expenses and court costs will be the responsibility of the patient. Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 6% per month. These additional fees will be applied to the unpaid balance at the 1st date of the following month.

We will attempt to verify your insurance coverage as soon as possible, but we will not guarantee that an insurance company will pay for a claim as verified. We ask that you also verify your coverage to lessen any potential confusion.

I understand these office policies and agree to abide by the same:

Printed name: _____ **Signature:** _____ **Date:**
____/____/____