

## **Ray Chiropractic's Financial Policy**

Thank you for choosing Ray Chiropractic as your health care provider. We are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and to sign prior to any treatment.

All patients must complete all of our required forms before seeing the doctor.

**Full payment is due at the time of service.**

We accept cash, checks, or the following credit cards: Visa, Mastercard, American Express

**Regarding Insurance** - We may accept assignment of insurance benefits upon your first visit. However, we do require your portion of the bill to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. If your insurance company has not paid your account in full within 45 days, the balance may automatically be transferred to your credit card or the extended payment plan. Please be aware that your insurance carrier may deny coverage that is usual and customary, declaring the treatment not necessary or not covered. Upon default, you are subject to all reasonable costs of collection and/or attorney fees.

Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to the above paragraph.

**IMPORTANT NOTE** - It is the patient's responsibility to know the stipulations of their insurance policy, including referral and fee policies. Ray Chiropractic is not responsible for educating the patient of changes in their benefits or policy. We recommend that the patient verify coverage/benefits before their appointment, as well as insure proper referrals have been requested and sent to our office before their scheduled appointment.

**Usual & Customary Rates** - Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Adult Patients** - Adult patients are responsible for full payment at time of service.

**Minor Patients** - The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment at time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/Mastercard/American Express, or payment by cash or check at time of service has been verified.

**Missed Appointments** - A cancellation notice is required for all appointments. Notice of cancellation must be received, during business hours, no later than one (1) business day prior to your appointment. If the clinic receives no cancellation notice or you fail to arrive for your scheduled appointment, a \$25.00 fee will be charged to the patient. This fee is not reimbursable by your insurance company and is due and payable prior to the next scheduled appointment.

**Completion of Legal Documents and Affidavits (i.e. Family Medical Leave Act) and Copies of Patient Records** - There will be a \$25.00 charge for completion of all legal documents and affidavits due to the need for record review and staff allocation for completion. There will be a \$35.00 charge for all requests for copies of a patient's records due to the need for staff allocation for completion.

Thank you for understanding your Financial Policy. Please let us know if you have any questions or concerns.

I understand and agree to this Financial Policy:

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date