



Patient Acknowledgement of Policies

Financial Responsibility Policy Acknowledgement:

In an effort to maintain compliance with various state and federal regulations, managed care and preferred provider agreements, as well as billing and coding guidelines, we have adopted the following financial policies:

Our clinic has established a single fee schedule that applies to all patients for each service provided. You may be entitled to a network or contractual discount under the following circumstances:

- if we are a participating provider in your health plan.
- if you are covered by a state or federal program with a mandated fee schedule.
- if you are a member of a discount medical plan organization plan.
- Patients who are uninsured, or underinsured (limited benefits for chiropractic care), may be entitled to a network discount similar to our insured patient.
- Patients who meet state and or federal poverty guidelines or other special circumstances outlined in our Hardship Policy may be offered a discount for a period of time determined by the clinic. Verification will be required.

As part of our compliance plan, as of January 1, 2023, our office will be unable to extend any type of discounts other than those listed above.

I give this clinic permission to bill my insurance on my behalf. I understand I am responsible for the costs of treatment including if my insurance company should deny coverage for all or part of the claim submitted on my behalf. I understand that I will be required to pay all co-pays or co-insurance percentages as stated in my insurance plan contract.

I agree to assume all financial responsibility and to keep my account current by paying for services when they are rendered.

Patient name (print):: _____ Date: _____

Signature: _____ Relation to patient: _____

Cancelled, Late or Missed Appointment Policy:

Due to scheduling demands, we require a 24 hour notice of cancellation on scheduled appointments. Notice of cancellation can be made by voice mail, if needed.

Failure to notify us within 24 hours of your scheduled appointment or a missed appointment may result in a charge of a \$50.00 cancellation fee for chiropractic or \$30.00-\$60.00 for massage.

Please note this fee is not billable to insurance and must be paid by the patient, directly.

Patients who are late may be required to reschedule their appointment. In addition, any patient who arrives late for their massage appointment will be billed for the entirety of their scheduled time regardless of the length of time the therapy is able to be performed.

We understand life happens and things come up. We will offer a one time reminder of this policy as a courtesy.

I acknowledge that I have read and understand this policy.

Signature: _____ Date: _____

Relation to patient: _____