THOMAS CHIROPRACTIC CARE
Financial Policy.2016

Thank you for choosing our office for chiropractic treatment. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment.
The following statement is our financial policy, which we require you to read and sign prior to care.

We do accept assignment (doctor waits for payment with most auto insurance companies after your accident. Please Bring your auto insurance card and accident information to the office.

We do not accept assignment (you must wait for payment from your insurance company), on your health insurance. Please bring you insurance card to the office for Cheryl to make a copy for proper billing. We will send a claim to your insurance company as a courtesy to you, our patient. We do not have a contract with your company, therefore payment is expected in full at the time of your visit.

WE ACCEPT CASH, LOCAL CHECKS AND CREDIT CARD (VISA, MASTERCARD OR DISCOVERY) AND DEBIT CARDS.

We file insurance claims as a courtesy to our patients for most insurance companies. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. By your signature below you authorize the release of any information to any insurance company, adjuster or attorney that will assist in the payment of a claim on your behalf.

Thomas Chiropractic Care is committed to providing the best treatment possible for our patients. We charge what is reasonable and customary for our area. Please be aware that some, and at times all of the services provided may be "non-covered" services and not considered "reasonable and necessary" under some medical insurance policies. You are responsible for payment in full for services that you receive in this office regardless of any insurance company's arbitrary determination of "usual and customary" rates, or "non-covered" services.

Appointments scheduled by you are considered "missed appointments" unless canceled at least 24-hours in advance. Our policy is to charge for missed appointments at the rate of $30.00. Your treatments will be more effective if you follow your doctor's guidelines. Please help us to better serve our patients by being on time for your scheduled appointments and by giving at least 24-hours notice if you must cancel an appointment. Any missed appointment fee must be paid prior to scheduling any future appointments.

Please direct any questions regarding this financial policy to Cheryl. A photocopy of this form shall be considered as effective as the original.

I have read the above Financial Policy, and I understand and agree with the above.

X_____ DATE: _____

Signature of Patient or Financially responsible Party