WILDER CHIROPRACTIC CENTER

FINANCIAL, NON COMPLIANCE & NEW PATIENT POLICY

PATIENT NAME:_________________________
DOB: ___________________________________

Insurance Patients

On your first visit, we do require partial payment of the bill at the time of the service, unless the insurance coverage is known at that time and arrangements can be made. If you have satisfied your deductible we may accept assignment of insurance benefits on your second visit. If you have not satisfied your deductible, payment arrangements may be set until your deductible is met. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you bring in all insurance information. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and, or other medical insurance.

Cash Patients

We accept cash, checks and Visa/Mastercard. We offer an extended payment plan for those patients who have little or no insurance coverage. This will be pre-arranged with the staff before seeing the doctor.

Adult Patients

Adult patients are responsible for all payment at the time of service unless prior arrangements are made.

Minor Patients

The adult accompanying a minor or the parents (or guardians) are responsible for all payment. For unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been set prior to seeing doctor.

Past Due Accounts

A rebilling fee of **$10.00** will be charged to those patients who do not respond to previous billing statement.

Patient Records

All x-rays and office notes remain the property of this clinic, but copies will be furnished, upon patient request, for a reasonable copy fee.

Assignment

I hereby instruct and direct my insurance company/attorney to pay by check made out and mailed directly to WILDER CHIROPRACTIC CENTER he professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered by this clinic. A photocopy of this assignment shall be considered as effective and valid as the original.

Limited Durable Power of Attorney

I authorize any employee of Wilder Chiropractic Center to contact my insurance company in any way for collection of claims billed on my behalf.

Release of Information

I authorize this clinic to release any information pertinent to my account/case to my insurance company, adjuster, and/or attorney involved in this case (including office notes, office forms, pertinent personal information and billing information); and hereby release this clinic of any consequence thereof.

NON COMPLIANCE WITH MEDICAL ADVISE POLICY & FINANCIAL AGREEMENT

I understand that my provider may or may not be in my insurance network and I am willing to pay per visit a charge of $______ towards my deductible, copay or coinsurance. I understand that this arrangement can be changed by either party and agreed upon by both parties, if the provider's status was to change or the nature of the patient's account was to change.

I agree to be financially responsible for all charges incurred at this clinic, including my insurance deductible, co-payment and any services rejected by my insurance company no not covered by my PI Case/Attorney lien.

I have read, fully understand and agree to all of the above. I understand that the billing of my insurance or accepting settlement is a courtesy extended by my provider and is in no way a guarantee of payment. I understand that I am responsible for my full balance and any and all court fees, attorney fees, collection agency fees or reasonable monthly interest fees if my account becomes delinquent.

[PATIENT CONFIDENTIALITY POLICY] This information and any other information pertaining to your case, is confidential and will not be released by our office to any person or company without patient's prior signed consent.

____ ________________________

Patient or Guardian's Signature **Date**