

JACKSON CHIROPRACTIC CLINIC FINANCIAL POLICY

Effective January 1, 2013

We are committed to providing you with the best possible care. If you have health insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance as well as your understanding of our payment policy.

PAYMENT POLICY:

Payment for services is due at the time services are rendered unless our office manager has approved payment arrangements in advance. We accept all forms of payments, checks, cash, and credit/debit cards. We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 2 percent a month.

INSURANCE POLICY:

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. **You must realize, however, that:**

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. We ask our patients to pay until their deductible is met and then pay the percentage their insurance does not cover.
3. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of fees for this region. Thus, most companies consider our fees usual, customary and reasonable.
4. Not all services are a covered benefit in all contracts.
5. We ask that all nutritional and vitamin supplements are paid for at the time of purchase.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our office manager promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

Your signature below assures us that you have read and understand this policy.

Thank You
Jackson Chiropractic

Patient Signature

Date