

# **JACKSON CHIROPRACTIC CLINIC**

341 HANCOCK STREET

SUITE 1

GALLATIN, TENNESSEE 37066

## **Patient-Doctor Agreements & Policy:**

The purpose of these agreements is to allow us to more completely serve you and to get the best results in the shortest amount of time. Our experience is that those patients who adhere to the following agreements get the best results.

## **Payment of Bills:**

Whatever arrangements you make with our office we will expect you to honor. If you can't fulfill your agreement in this area, please let our office manager know immediately so new arrangements can be made. Failure to communicate after 90 days (three billings) in the form of payment or explanation, accounts get turned over to the Credit Bureau. We will honor any of the following types of payment: CASH--CHECK—VISA—MASTERCARD—AMERICAN EXPRESS and DEBIT CARDS.

## **Insurance Accounts:**

As a courtesy to our patients, we will verify and file your insurance. Please keep in mind that your insurance is a contract between you, your employer, and the insurance company. Not all services are a covered benefit in all contracts. These services are your responsibility. We ask for co-insurance or co-payments to be paid at the time services are rendered.

## **Nutritional Supplements & Orthopedic Supports:**

This should be followed or taken as requested by your Doctor. Please communicate any reason why you could not follow directions, so that the Doctor can compensate for any nutritional inadequacy and other means of support. You are expected to pay for vitamins and orthopedic supports at the time of purchase, as these items are not covered by insurance.

## **Cancellation or changing appointments:**

We have set a specific course of treatment for you. So please try to keep your appointments as planned. If you cannot keep your appointment, contact the office as soon as possible. Please let our office manager know of anything that is upsetting you. We are here to serve you.

I HAVE READ THE ABOVE POLICY AND UNDERSTAND THE TERMS

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_