

Christensen Chiropractic, LLC
Financial Policy

Insurance Coverage

Welcome to Christensen Chiropractic. Your insurance policy is an agreement between you and your insurer, **NOT between your insurer and this clinic**. Like all types of care, coverage for chiropractic services varies from insurer to insurer and plan to plan. Most insurance policies require the beneficiary to pay co-insurance, co-payment and/or a deductible. For example: if you have a deductible of \$100, and your insurance pays 80%, you are responsible for 20% of all charges incurred during the year after you have paid your \$100 at the beginning of the year. As a courtesy, our clinic will call your insurer to verify your benefits, however, we are not responsible for your insurer's final payment and benefit determinations. **(please initial)**_____

Payments

In order to help you determine your responsibility toward payment for services, please read the following, and initial your preference for the method of payment of your account. Please notify this office if the status of your insurance changes.

PLEASE CHECK ONE THAT APPLIES -

Private Pay: (please initial)_____

A_____ As I have no insurance, I agree to assume all responsibility and to keep my account current by paying for services when they are rendered.

B_____ I have insurance, but I wish to file my claims personally, and I agree to assume all responsibility and to keep my account current by paying for each visit at full cost at the time services are rendered.

Health Insurance: (please initial)_____

C_____ I would like this clinic to bill my insurance. I understand I am ultimately responsible for the costs of treatment. (All Co-pays or payments toward deductible/co-insurances are due at the time of service.

-Any returned check will result in a \$35.00 fee (please Initial)_____

Missed Appointments

Christensen Chiropractic requires a 24 hour cancellation notice. Without proper notice, there is a \$25.00 service fee for NO-SHOWS or CANCELLATIONS for chiropractic visits. As well as a \$25.00 service fee for every half hour missed with Massage Visits. This charge is NOT covered by your medical insurance and is billed directly to the client and will be collected at the time of the next scheduled appointment. Repeated missed appointments may warrant for discontinued care. **(Please initial)**_____

If your injury is related to a Motor Vehicle Accident, Personal Injury or a Workers Compensation Injury, it is your responsibility to inform Christensen Chiropractic. **(please initial)**_____

I understand that all health services rendered to me and charged to me are my personal financial responsibility. I understand and agree to the conditions of this policy.

Signature

Date