

AUBURN CHIROPRACTIC CLINIC
Dr. Tyler W. Chalfant

FINANCIAL POLICY

It is our office policy that all services rendered are charged directly to you, the patient, and that you are ultimately responsible for all payments, regardless of whether or not this office accepts insurance assignment.

AS A PATIENT, YOU ARE EXPECTED TO.....

- Pay 100% of your first visit
- Sign a payment plan at your report of findings on your second visit
- Honor your payment plan
- Give a two hour notice if you are unable to keep a scheduled appointment (there will be a \$25 charge if notice is not given)

We accept cash, checks, money order, Master Card and Visa

If you do not follow these expectations, you will be subject to any or all of the following: discontinuation of care, interest charges, court costs and/or small claims or collection agency involvement.

A. PATIENTS WITHOUT INSURANCE

All payments are expected at the time of service or at the end of each week. Patient balances may not exceed \$250 at any time, or professional services may be terminated.

B. PATIENTS WITH INSURANCE

Deductibles and all co-payments are expected at the time of service or at the end of each week. Your co-insurance balance may not exceed \$250, or professional service may be terminated. If your insurance company has not paid within 30 days, you must contact the insurance company regarding payment. You are responsible for the bill in full. Remember the contract is between you and your insurance provider.

I, _____, have read the above. I understand what is expected of me, and I agree to honor the payment plan we set up at my report of finds on my second visit. I understand that if I do not follow the above expectations, I will be subject to any of the above stated actions including discontinuation of care and/or collection agency involvement. I also understand that if I have insurance, the contract is between me and the insurance company, and that I am ultimately responsible for all my charges.

Signed: _____ Date: _____