

Financial and Office Policy

This is an agreement between Proactive Chiropractic & Acupuncture (PC&A), as creditor, and the Patient/Debtor named on this form. In this agreement the words “you”, “your”, and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we”, “us” and “our” refer to PC&A.

By executing this agreement, you are agreeing to pay for all services that are received.

Medicare patients: Please understand that at this time Medicare does not cover all services provided by a chiropractor. Medicare only pays for manual manipulation of the spinal column for acute or chronic conditions relatable to spinal subluxation. Medicare does not pay for maintenance or wellness care. Medicare also does not pay for exams, re-exams, acupuncture, diagnostic imaging, and therapy that may be necessary for your condition. All Medicare patients must have initial exams and periodic re-exams to prove medical necessity for spinal manipulative therapy.

Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payments or credits applied to your account during the month.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days. Any co-payments and deductibles required by an insurance company must be paid

Self-pay patients: All self-pay patients are required to pay for all services however we will be happy to arrange a convenient debit service so that a monthly fee is debited from you at a pre-selected time every month until your account reflects a zero balance.

Returned checks: There is a fee (currently \$35.00) for any checks returned by the bank.

Contracted insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service.

Non-contracted insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

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Referrals/authorization: If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to do so may result in a lower payment from the insurance company.

Past due account: If your account becomes past due, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Appointments: It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask that you give us 24 hours notice whenever possible. If you miss 3 appointments without notifying us before the appointment time you will be dismissed from the practice. In order to ensure accurate records and true identity of all patients you will need to present your Drivers License or Identification Card, Insurance Card and Social Security Number at the time of your appointment. If you are unable to provide this information your appointment may be cancelled or rescheduled.

Missed Appointment: There is a \$40 charge for missed appointments without a 24 hour notice. This charge is the patient's responsibility and cannot be billed to the insurance company. Missed appointment fees must be paid before scheduling subsequent appointment. If you are more than 15 minutes late for a scheduled appointment you may be asked to reschedule and be subject to the missed appointment fee depending on our schedule.

Children: Children are very special to all of us and we are always happy to see the "little ones", but for their safety and the courtesy of other patients we must ask that you keep your children with you at **ALL** times while in our office.

I have read this document and understand the policies and my fiscal responsibility.

Patient's Name (Print)

Signature: _____ Date: _____

Guarantor's Name (Print) (Minor patients only)

Signature: _____ Date: _____