

TAYLOR CHIROPRACTIC CLINIC OFFICE FINANCIAL POLICY

Taylor Chiropractic Clinic's policy is to extend to you the courtesy of allowing you to assign your insurance benefits directly to Taylor Chiropractic Clinic. This policy reduces your out-of-pocket expenses and allows you to place your family under immediate care. Our payment plans make care an affordable part of your family budget.

IF YOU DO NOT HAVE INSURANCE

All payments are to be rendered at the time of service or pursuant to an authorized payment plan that is between you and Taylor Chiropractic Clinic. If your personal balance exceeds \$100.00 at any time, your care may be terminated.

IF YOU HAVE INSURANCE

All deductibles and co-payments are to be rendered at the time of service or pursuant to an authorized payment plan that is between you and Taylor Chiropractic Clinic. If your co-insurance balance (co-payments plus any deductibles) exceeds \$100.00 at any time, your care may be terminated.

You are considered to be a patient who does not have insurance (i.e. a cash patient) until you bring in *all* your necessary and completed insurance forms and Taylor Chiropractic Clinic qualifies and accepts your insurance coverage. Taylor Chiropractic Clinic does accept assignment for secondary insurance carriers. We will be happy to file this for you.

Our fees are considered usual, customary and reasonable by most insurance companies, and are therefore covered up the maximum allowance determined by each insurance carrier. Please note, however, that this statement does not apply to insurance companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard and care in this area.

NON-PAYMENT BY INSURANCE CARRIER

If your insurance carrier has not paid a claim submitted by Taylor Chiropractic Clinic within sixty (60) day of submission, you agree to take an active part in the recovery of your claim. You are then responsible for contacting your insurance company to try to recover your claim. If your insurance carrier has not paid a claim submitted by Taylor Chiropractic Clinic within ninety (90) days of submission, you will be **responsible for payment in full** of any outstanding balance.

DISCONTINUING CARE

If you discontinue care for any reason other than discharge by the doctor, your balance will become immediately due and payable in full to be paid by your personally unless the outstanding balance is an insurance balance.

COLLECTION OF PAST DUE BALANCES

If a collection agency is used to any collect past due balances, you will be responsible for any expenses incurred in collecting that debt including but not limited to: attorney fees and court costs.

Patient's Printed Name: _____

Patient's Signature: _____

Date: _____

Front Desk: _____

Date: _____