

The purpose of this is to let you know how our office works in the handling of your payments and/or insurance claims. We do this to eliminate any questions or misunderstandings that could arise and later affect your ability to use your policies as they were intended.

- IF YOU HAVE INSURANCE COVERAGE, **PAYMENT IS DUE AT TIME OF SERVICE**
- WE ACCEPT CASH, CHECKS OR VISA/MASTERCARD/AMEX
- WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL

Insurance:

McAlpine Chiropractic Group will file your insurance as a service to you. Because we itemize every procedure rather than just describe what is being done as an “office visit”, the charges per visit can vary from \$40 to \$150 per visit (excluding the initial visit). These charges depend on the individual needs of each patient. We know that there are a lot of charges that will not be paid for various reasons and we expect to receive denial on some claims because it is the nature of the insurance industry. Most insurance companies decide for you what is medically necessary, regardless of our recommendations or your health desires. However, we **will** bill for all services rendered in order to adequately and honestly communicate with your insurance.

If our office does not hear from your insurance company within 30 days, we will request your help in contacting your insurance company to resolve the payment delay. It is your responsibility to make sure that copies of any and all correspondences from your carrier be given to us. The insurance plan is a contract between you and your insurance company. We **must** hold you responsible for any balance due.

Payment of Services:

I understand I am financially responsible for all charges and fees related to the services rendered to me by McAlpine Chiropractic Group. I further understand that the payment in full is expected at time of service which may include co-payments, deductibles and any services not covered by insurance.

Assignment of Benefits:

I hereby authorize payment directly to McAlpine Chiropractic Group by my insurance company(s). In the event an overpayment is made from more than one insurance company, I understand the overpayment will be sent to the appropriate payer. If your insurance company sends the payment directly to you instead of mailing it to our office, we ask that you bring the payment to us, to save us from billing you later.

Authorization for Release of Information:

I authorize McAlpine Chiropractic Group to disclose all or any parts of the patient’s chiropractic record to listed insurance companies, government agencies, the patient’s employer or any review agency which conducts practice utilization review under an agreement with the patient’s employer or other payment source. I also understand that I may revoke this authorization by providing written notice to this practice.

Notice of Privacy Practices:

I hereby acknowledge that I have received a copy of the clinic’s Notice of Privacy Practices.

Missed Appointments:

Unless cancelled at least 24 hours in advance, our policy is to charge a \$25.00 fee for all missed appointments. Please help us serve our patients better by keeping your scheduled appointments.

Should any questions arise regarding the financial policies of this office, please notify us on your next visit. We are here to serve you! I have read the Financial Policy and I understand and agree to this Financial Policy.

Patient Name (print): _____ **Date:** _____

Patient Signature (parent if minor): _____ **Staff Initials:** _____