FINANCIAL POLICY

There are over 1,000 insurance plans in America. Therefore, it is impossible for our office to know the covered benefits of your insurance plan.

Patients who carry health/car insurance should understand that charges for professional services are billed to your insurance as a courtesy only.

If you do not have your insurance information with you at the time of your initial visit, you will be required to make payment in full for that visit. The following information is your responsibility to obtain from your insurance company:

- Required referrals obtained & presented prior to services being rendered.
- Co-Payments & Non-covered services.
- Prior authorization procedures.
- Office visits and physical therapy.
- Current insurance mailing address and telephone number.

You are responsible for the entire bill regardless of insurance company's current rates. The only exception to this is, if your doctor is a provider of your insurance plan, you are not responsible for any amount considered above the contracted rate. You are responsible for co-pay, deductible, and all non-covered charges. For an explanation of these charges, it is your responsibility to contact your insurance company.

Our office has a "Massage Cancellation Policy." A cancellation charge of $25 will apply without a 24 hour cancellation notification. Cash patients will need to provide a credit card number to hold the appointment.

Please present our office with any charges regarding medical insurance information or charges of address and telephone.

I have read, understand, and agree to the above policy, I understand I am fully responsible for the fees of services rendered, regardless of any insurance that I may have. I agree to pay all costs and expanses incurred should my account be turned over to a collection agency, including attorney fees. Twenty-eight days after statement closing date, I agree to pay the doctor a finance charge comped at the periodic rate of 1.5% per month on balance. Finance charges can be avoided by paying my account in full upon receipt of statement.

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Patient or (Guardian) signature Date