



Financial Agreement/Policies Cash and Insurance patients Release of Medical Information

We would like to take a moment to welcome you to our office and familiarize you with our financial policy.

All fees are based upon individual services rendered, and may vary from visit to visit depending upon the doctors recommendations. A complete list of services is available at the front desk.

As a courtesy, our office will bill your insurance company for you. Within the first week of treatment we will verify your insurance benefits. In the interim you will be responsible for 100% of the charges due. Any credit or balance will be determined after payment is received from your insurance company. The verification is only a summary of benefits provided by your insurance company and does not guarantee payment. **We will only bill your insurance; we do not provide collection services.**

You are responsible for payment of any deductibles, co-payments, and/or patient portions at the time services are rendered. If your insurance company does not pay within 60 days from the dated billed, you will be responsible for payment in full at that time. If your account becomes grossly past due (120 days) there will be a *20% annual interest rate charge, which will accrue on a monthly basis until the balance is paid in full.*

As a courtesy, our office will notify you the day before your scheduled appointment to remind you of the time and type of appointment scheduled. If you cancel your appointment with less than 24 hours notice, or do not show up for any scheduled appointment you will be billed for the doctor's time (\$25.00 for every 15 minutes scheduled or \$45.00 for massage).

Should any involved parties require medical records to document treatment; your signature below authorizes the release of medical information necessary to meet their request.

My signature denotes that I have read, understand and agree to the above.

Patient or guardian signature

Date