Financial Policy Form

Thank you for selecting Genesis Chiropractic for your chiropractic needs. To promote a long-term mutually satisfying relationship, we would like to explain our office policy regarding treatment, insurance, appointments and fees. PLEASE, read this carefully and ask any questions or bring up any concerns you may have BEFORE treatment is rendered. SUBMISSION TO TREATMENT IMPLIES YOUR CONSENT TO TERMS OF THIS AGREEMENT.

TREATMENT: You will find our entire staff is dedicated to helping you to improve your health as quickly as possible. Every effort will be made to make your appointment as comfortable and pleasant as possible. Please feel free to discuss your treatment with the doctor at any time.

INSURANCE: If this office is able to accept your insurance company's assignment, the patient is still FULLY RESPONSIBLE for the charges for treatment rendered. Your insurance MAY NOT COVER the services or only PARTIALLY cover them and any ESTIMATE given by this office is considered a GUIDELINE until the final insurance is received and the patient's account is reconciled. The office can make NO GUARANTEE of the actual payment by your insurance company. For services that have been predetermined, the amount the insurance company pays may be subject to maximums, deductibles, limitations, and non-payment due to employment status.

PAYMENT IS DUE AT THE TIME OF SERVICE: We accept cash, personal checks, Master Card, Discover, Visa, and Health Savings Account (HSA) cards. When insurance applies we may collect any deductible, coinsurance and any estimated copayment at the time of service.

MONTHLY BILLING: Even though an insurance claim has been filed, you may receive a statement each month if there is a balance due on your account since you, not the insurance company, are responsible for the payment.

MISSED APPOINTMENTS: When your appointment is scheduled, the time is reserved exclusively for you. Failure to notify us of your inability to keep an appointment means that another patient in need of services is unable to receive treatment. We request that you give us at least 24 hour notice when you realize that you cannot keep an appointment. When the requested notice is not given a fee may be charged. (ex. massage appointments have a fee of $10 after the first missed appointment) For those whose schedules make it difficult to effectively plan ahead, we ask that you do not schedule an appointment in advance, but that you call us the day you can come in and we will be happy to see you then, provided the time is available.

Signature: _____ Date: _____

Patient/Parent or Legal Guardian if patient is a minor