



## **PAYMENT POLICY**

Thank you for choosing Flemington Chiropractic Center. We are committed to providing you with quality and affordable healthcare. Below is information to answer frequently asked questions regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions that you may have and sign in the space provided. A copy will be provided to you upon request. Thank you for being our patient!

**PAYMENTS ARE DUE TO AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN REQUESTED AND APPROVED IN ADVANCE. YOU ARE EXPECTED TO PAY ACCORDING TO THE ARRANGEMENT.**

**INSURANCE** We participate with most insurance plans. We will bill your insurance provider as a courtesy to you. Although we may estimate what your insurance provider may pay, it is the insurance provider that makes the final determination of your eligibility.

**CLAIMS SUBMISSION** We will submit your claims and assist you in any way we reasonably can to help process your claims. Your insurance provider may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance provider pays your claim. Your insurance benefit is a contract between you and your insurance provider.

**REFERRALS** Some insurance plans require a referral authorization from a primary care physician. If your plan requires this, you will need to obtain the referral prior to your scheduled appointment with our office.

**COPAYMENTS AND DEDUCTIBLE** All copayments and deductibles must be paid at the time of service. Coinsurance will be invoiced by mail. This arrangement is part of your contract with your insurance company.

**PROOF OF INSURANCE** All patients must complete our new patient paperwork prior to seeing our providers. We must obtain a copy of your driver's license and current valid insurance card. If you fail to provide our office with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**COVERAGE CHANGES** If your insurance changes, it is your responsibility to notify our office prior to your next visit so we can process the changes in a timely manner.

**METHODS OF PAYMENT** We accept payment by cash, check, Visa, MasterCard, American Express or Discover.

**PATIENT STATEMENTS** If you have an unpaid balance, you will receive a statement by mail. The statement amount is due and payable when the statement is issued and past due if not paid upon receipt. Balances over 90 days will be turned over to an attorney or collection agency. All payments go to the oldest outstanding balance.

**NO SHOW FEE** Please cancel/reschedule your visits within 24 hours notice. At our discretion, a fee equal to the cost of your office visit may be charged.

**PATIENT OPTIONS** If you are under insured or have a high deductible plan, we offer a discount managed care organization which provides you with access to a discounted fee schedule.

PRINT NAME:

SIGNATURE:

RESPONSIBLE PARTY:

DATE: