DRAEGER CHIROPRACTIC

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DraegerChiropractic.com

Financial Policies

Billing Policy

Health and/or accident insurance policies are an arrangement between an insurance carrier and the policy holder. All charged services rendered to you by your insurance carrier are your personal responsibility for timely payment. If your policy carries a co-pay, it is your responsibility to pay the classified amount on the day of service. It is your responsibility to contact your insurance carrier to ensure coverage. In the event that your balance exceeds $250.00, you must make a payment to lower the balance below $250.00 or you will not receive treatment. Account balances must be satisfied by the end of each month unless a specific arrangement is made with the billing department prior. If you choose to suspend or terminate care/treatment, any fees for professional services rendered to you will be immediately due and payable.

Collection Agency Placement Policy

You are responsible for the timely payment of your outstanding bill per our payment policy. If you fail to conform to our billing policy and your bill for services rendered is left unpaid, we retain the right to turn your unpaid bill over to collections. In the event that your account balance is turned over to collections, YOU will be responsible for all collection agency fees, which may be up to 30% of the amount placed with the collection agency. If Draeger Chiropractic Clinic S.C. is forced to seek legal action for the collection on your account, YOU will also be responsible for any and all fees associated with court costs, garnishments, attorney fees and/or any additional costs associated with this matter.

I hereby acknowledge that I have read and understand the total content of this document. I am aware that the preceded words “you” and “your” are referring to me as the patient or as the patient’s parent/guardian/legal representative. By signing this document, I am agreeing to all of the forementioned terms.

Patient Printed Name: _____ Date: _____

Patient Signature: _____

Parent/Guardian/Legal Representative Signature: _____

DC/CT Initials: _____ Date: _____