

SC STONE CHIROPRACTIC

Building A Healthy Foundation

FINANCIAL POLICY

Thank you for choosing Stone Chiropractic for your chiropractic needs. We appreciate the opportunity to serve you and are committed to providing you with the best possible care. Please read and sign below.

- It is the responsibility of the patient or responsible party to see that all charges are paid in full, even if the insurance pays less than the actual bill for services.
- As a courtesy to you, we will file all medical claims, with the primary and secondary insurance. However you must provide us with current copies of your insurance and notify us immediately if there are changes in this information.

It is **your responsibility** to obtain any referrals required by your insurance company and update them as needed. If you do not have a current referral you may be asked to reschedule your appointment or sign a waiver stating that you will be responsible for payment of charges.

COPAYMENTS (HMO, PPO) ARE DUE AT TIME OF SERVICE. Payments by check or exact change are appreciated.

Medicare Patients: We submit and accept Medicare claims. As a courtesy, we will file your secondary insurance.

No Insurance: If you do not have health insurance, a payment equaling half of the cost of your first visit will be collected at the time of your first visit. A \$25.00 payment will be collected at time of each return visit. Any outstanding balance is due immediately upon receipt of statement.

Divorce: In divorce situations, the parent who brought the child in is responsible for payment of the bill. We submit to the necessary insurance carriers.

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- Contact Stone Chiropractic at 920-462-0912 if you have any questions regarding your account **before any payment is past due.**
 - Accounts that are **90 days past due** may be referred to a collection agency unless payment arrangements have been made. If you have a financial hardship please let us know so we can set up payment arrangements.
 - There will be a **\$25.00 service charge** for any returned checks.
 - You have a contract with your insurance company---we do not. It is **your responsibility** to communicate with the insurance company if you are not happy with your insurance company's determination of benefits for your claim.
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I have read and received a copy of the Financial Policy and understand its contents. I hereby assign all medical benefits (to include major medical, Medicare, private insurance and other health plans) to Stone Chiropractic, LLC. I also authorize Stone Chiropractic to release information regarding my chiropractic care to my insurance company to obtain payment.

X _____
Signature of Responsible Party

X _____
Relationship to Patient

X _____
Print Name of Responsible Party

X _____
Date