
Office Financial Policy

We appreciate your decision in consulting us for your chiropractic health needs, and we will do all we can to provide you with the best of care. In return, we ask that you carefully review the portions of this policy statement, which relate to your particular circumstance. It is our goal to provide the best care without undue financial stress.

Basic Policy

The financial policy of this office is that payment is required at the time services are rendered. You may pay by cash, check or finance your balance with VISA or MasterCard.

A monthly \$5.00 minimum or 1% per month interest charge will be applied to all outstanding balances of 30 days or more past due.

There will be a \$35.00 fee charged to your account for checks returned from the bank.

24 hours notice is required on all cancelled appointments otherwise a charge of \$50.00 will be made to your account for the time reserved.

Private Insurance

Upon validation of your coverage, we will bill your insurance carrier directly. You will be responsible for your annual deductible, co-payment, and any other portion of the bill that is not covered by your insurance carrier. While we will help in any way possible to secure payment from your carrier, all charges are ultimately your responsibility.

Workers Compensation

If you were injured in an “on the job” accident, worker’s compensations insurance covers the cost of chiropractic care necessary to restore you to pre-injury status or maximum medical improvement. You must report the injury to your employer immediately and complete the necessary accident report forms. Upon validation of your claim, all costs will be the responsibility of the insurance carrier, whom we will bill directly. **NOTE: Failure to comply with the recommended treatment schedule could cause premature closure of your claim.**

Personal Injury Protection

Accidents involving automobile collision, liability against a private party, etc. will be handled in this office on an individual basis. Possible options for payment include auto insurance, health insurance or out basic financial policy. Your claim may require that you retain an attorney.

I have read and clearly understand the financial policy of Dr. Alys Smith DC.

Patient Signature

Date