

Rebarber Family Chiropractic

Financial Policy

Name: _____

Financial Policy

The purpose of this policy is to eliminate any confusion you may have as to what is expected from you financially for services rendered here at Rebarber Family Chiropractic. We want you to understand that your policy is an agreement between you and your insurance carrier. As a courtesy, we will accept assignment and will bill our charges to them, however please note that we are Out of Network with ALL insurance carriers. We will also prepare any necessary reports and forms to assist in collecting payment from your insurance company. Occasionally, we experience difficulty in collecting payment and will ask you for active assistance in rectifying any situations. Please understand that as these benefits are verified it is not a guarantee of payment.

I understand and agree that health/accident insurance policies are an arrangement between my insurance carrier and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fees for professional services rendered to me will be immediately due and payable.

I understand that my Insurance company does not cover the cost of any supplements, test kits, weight loss programs or exercise equipment. Such items must be paid by me in full at the time that I receive them.

I understand and will adhere to the Massage Policy. If I make a massage appointment and have to cancel I will give the required 24 hour notice. If I do not give 24 hour notice I understand and accept my responsibility to pay half price of the massage.

By signing here I agree to the terms and conditions above.

Name

Date