

OUTPATIENT CLINIC FINANCIAL POLICY

- 1) We accept Cash, Check, Visa, MasterCard, Discover Card and Care Credit.
- 2) All cash account payments are due at the time of service, unless special arrangements have been agreed upon prior to visit.
- 3) All co-pays will be due at the time of service, once your insurance coverage has been verified and we have established what your responsibility is.
- 4) As a courtesy, we will bill your insurance company for you.
- 5) If you have a credit balance, we will reimburse you after all charges have been cleared.
- 6) All supplements/vitamins, supports, foot orthotics and other supplies are generally not covered by insurance companies and **must** be paid for at the time they are received.
- 7) As a courtesy, we will bill your insurance company for lab work.
- 8) You are responsible for timely payment of any account balances.

Workers Compensation Claims

- 9) All workers compensation cases require that a claim number be provided at the time of the first visit. The claim number can be obtained from the patient's employer. If the claim is denied, we will bill your private insurance carrier, if you have coverage. Please keep in mind that if your claim is denied, then you are responsible for prompt payment of your account.

Personal Injury/Motor Vehicle Accidents

- 10) Personal injury and auto accident cases will be billed to your home or auto insurance company. When you inform your agent of your incident, you will be given a claim number which you must provide to us at your first visit.
- 11) Keep in mind we do not do third party billings to other insurance companies.
- 12) If you choose not to file a claim with your auto insurance company, or are uninsured, your account will be treated as a cash account, and all fees will be due at the time of service.

Colic Patients

- 13) Colic treatment is a *series* of treatments. Payment is expected at the first visit unless other arrangements are made in advance.

I have read, understand and agree with the above financial policy.

Patient/Guardian Signature

Date