



Bauer Chiropractic & Muscle Therapy *"Keeping Your Family Active"*

Office Financial Policy

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal.

- 1) All payments are expected at the time of service, or at the end of each week. Patient balances may not exceed \$200 at any time.
- 2) All insurance assignment patients must pay their deductibles in full and the co-payment at the time of service, or at the end of each week.
- 3) A fee in the amount of \$35.00 will be charged to the patient's account for any returned checks or insufficient funds.
- 4) Outstanding balances over 30 days will be subject to the reasonable and customary rate of 12% per year. Any cost incurred (ie. Collection or court costs) to collect unpaid balances will be the patient's responsibility.
- 5) A \$20.00 Missed Appointment Fee will be charged for all appointments that were not canceled at least 24 hours in advance.

Please initial the one that applies to you:

_____ Cash Policy: Payment is due at time of service or according to the plan of your choice.

_____ Health Insurance: We will submit your insurance claims for you. Deductibles and co-pays are due at time of service, or paid according to the plan of your choice. Remember, your coverage is an agreement between you and your insurance carrier. Please submit any requested information to them as quickly as possible. Any denied or reduced claims will be your responsibility. Having insurance does not always guarantee payment.

_____ If you have acquired insurance for a special situation such as an auto accident or worker's compensation please let us know immediately.

I have read, understand, and agree to the above policies.

Patient Signature

Date