

**OFFICE/FINANCIAL POLICIES**

1. 100% of your first office visit fees are payable at the time of service unless other arrangements are made (i.e. insurance, L&I, MVA, etc.).
2. All co-payments are due at the time of service.
3. If you have insurance coverage, please understand that you are accountable for all charges and payment. It is your responsibility to know your insurance plan provisions and exclusions. We will be glad to help you in submitting your primary insurance claim for prompt payment.
4. In the event of overpayment, a refund will be given when insurance money has been received and a credit balance will be reflected on your account.
5. Walk-in patients or patients late for an appointment will be worked in or rescheduled at the discretion of the front desk receptionist.
6. If you are unable to make your appointment, please notify our receptionist 24 hours in advance.
7. We ask that you please turn off all cell phones prior to seeing the doctor, and hold phone conversations outside the waiting room.
8. Be advised that if you do not have an attorney and is proceeding as a 3<sup>rd</sup> party claim, we do require a \$64.00 fee for a county and satisfaction lien filing.
9. A processing fee of \$30.00 will be charged for any returned checks.

*I have read and/or have been explained the office/financial policy. I fully understand that I am directly and fully responsible for all bills resulting from treatment. This includes any expenses, collection fees, collection costs, court costs and attorney's fees incurred in collecting any delinquent chiropractic bill.*

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient, Guardian, or Authorized Representative)

**Personnel signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_