

**GREEN BAY CHIROPRACTIC CLINIC
BILLING POLICIES**

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS: Please present your auto insurance forms as soon as possible. If an attorney is handling your case, please notify us right away. Although you are ultimately responsible for your bill, our office will wait for settlement to be paid as long as you are an active patient. If you suspend or terminate care without the doctors approval, fees for services are due immediately.

GROUP OR INDIVIDUAL INSURANCE: Your insurance is an agreement between you and your insurance company, not between your insurance company and this chiropractic office. As a courtesy to our patients, our office will complete any necessary primary and secondary insurance forms at no charge, and file them with your insurance company to help with collection. It is understood and agreed that services rendered are charged to you directly and you are personally responsible for any charges above and beyond what the insurance carrier pays.

We do accept assignment of your insurance, but we also expect you to pay any co-payments, deductibles, and services not covered under your insurance at the time of each visit or at the end of a weeks visit to keep our accounts current.

WORKER'S COMPENSATION: Workers compensation pays in full for chiropractic care. Upon being released from care, a three-month time period is given for settlement of your claim. If settlement has not been reached within this time period, or if you have suspended or terminated your care without your doctors approval, payment for services is due immediately.

MEDICARE: We do accept assignment from Medicare. We will submit your claim and Medicare will pay 83% of the allowable charges. The patient is responsible for the remaining balance.

MEDICAL ASSISTANCE: The patient is responsible for the following co-payments: \$1.00 per adjustment, \$1.00 per exam and \$3.00 per x-ray taken. Although you are ultimately responsible for your entire bill, our office will file your claims for you. If you suspend or terminate your care without the doctor's approval, payment for all services is due immediately.

PATIENTS WITHOUT INSURANCE: We request that 100% of the first visit be paid at the time of the first visit. For your convenience, payment may be arranged at the last visit of each week. Payment plans can be set up.

MISSED OR CANCELLED APPOINTMENTS: We understand some cancellations are unavoidable, but they are also costly to our office. We reserve the right to add an office visit charge of \$10.00 to your account if not notified of a cancellation within 24 hours prior to the appointment.

COLLECTION CHARGES: A collection charge will appear on all accounts over 90 days.

AUTHORIZATION TO PAY

I have read the above billing policy and understand my responsibility of payment for professional services rendered. I authorize my Insurance Company, relevant to this claim, to pay directly to Green Bay Chiropractic Clinic. I also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

DATE: _____

SIGNATURE: _____