
Missed Appointments

Unless canceled at least 24 hours in advance or filled by another patient, our policy is to charge \$40.00 per missed appointment.

We will not file, nor will insurance plans pay for, this charge so please help us serve you and our other patients better by keeping scheduled appointments or canceling in advance.

In order to comply with your recommended care plan, it is advised to reschedule any missed appointments within 24 hours of your original appointment time.

Collections of Past Due Balances

Any past due balance not paid **within 90 days** will be reported to the credit bureau and turned over to an attorney or agency for collections. You will be responsible for all charges related to this collection process. Please keep your account current to avoid any action or blemish on your credit history.

Thank You for Your Understanding

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions.

I have read, understand and agree to this Financial Policy in its entirety.

X _____
Signature of Patient or Responsible Party

Date: _____

Atlas Chiropractic & Wellness Center

Patient Financial Policy

At Atlas Chiropractic & Wellness Center, we understand that the cost of healthcare is a key concern for our patients. Although patient care is our main priority, we hope that you will assist us by understanding your responsibility as it relates to our Financial Policy. If you have any questions regarding our policy, a member of our staff will be glad to assist you.

Welcome to our Office!

Thank you for choosing Atlas Chiropractic and Wellness Center as your chiropractic healthcare provider. We are committed to make your treatment program a success.

Our office specializes in the use of two state of the art Chiropractic techniques - Atlas Orthogonality and Activator Methods. You will experience gentle and precise treatments, known as "spinal adjustments", without ever having to twist or pop your neck, spine or any extremity!

We offer the following services:

- Consultation and Examination
- On-site Chiropractic Radiology
- Family care for children and adults of all ages
- Treatment for Auto and Work-related injuries
- Nutritional Supplements and Programs
- Low Level (Cold) Laser Therapy
- Percussive Myofascial Release
- Wellness Oriented Programs and Classes

Patient Financial Policy

Full payment of patient obligation is due at the time services are rendered. We accept cash, personal checks and major credit cards as forms of payment.

As a courtesy, payment plans are available for you and your family. We understand the higher costs of healthcare these days, so we have a payment plan that will fit your budget. If your situation requires special consideration, please let us know.

All insurance checks and payments will be assigned to our office. If you mistakenly receive an insurance check in your mail, please bring the check and all attached paperwork to our office so that we may properly credit your account.

Regarding Insurance

Your insurance is a contract between you and your insurance company. **We are not a party to that contract.** Our office does not participate with many insurance carriers. Please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges.

It is your responsibility to:

- Know your benefit coverage, as well as your dependents, prior to receiving any services
- Know if we actively participate with your insurance carrier
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits

Please remember that we must have updated insurance information immediately in order to meet claims submission guidelines set by your insurance plan. If either our office or the plan fails to receive accurate information to process your claim, you will be held financially responsible.

As a courtesy, we will file your claims electronically and directly to your insurance company.

If we are a participating provider for your insurance plan, all co-pays, deductibles and co-insurance amounts are due at the time of your treatment. In the event that you do not have insurance coverage, you will be 100% responsible for all incurred charges.

To summarize your financial responsibility, you are 100% responsible for:

- Denied and Non-covered Services
- Services deemed "not medically necessary" by your insurance carrier
- Co-pays, Deductibles, and Co-insurance amounts
- Pended claims due to lack of patient and/or guarantor information
- Non-insurance and/or Out-of-Network Benefits

If you fail to receive an Explanation of Benefits (EOB) from your plan within 45 days of treatment, we suggest you contact your insurance company to determine benefits, as they may not have made payment. Payment not received within 60 days may be updated from insurance responsibility to your responsibility, and you may be required to make other payment arrangements.