COLORADO FAMILY CHIROPRACTIC
OFFICE FINANCIAL POLICY

FEE FOR SERVICE

1. All patients are on a cash basis unless other applicable coverage stated in section 1 of "OTHER COVERAGE" is applied.
2. First day services are to be paid in full unless arrangements have been made **prior** to services rendered.
3. We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, or any combination thereof.
4. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your second report of findings.

OTHER COVERAGE

1. We **do not** accept assignment for or bill to Major Medical Insurance. We **do not** accept assignment for or bill to Auto Insurance in cases of auto accidents. We will provide you with an itemized statement, listing your diagnosis and service(s) rendered if asked. This information is acceptable in most circumstances by most insurance companies for purposes for reimbursement.
2. We **do not** accept assignment for Medicare; however we will file claims with Medicare from this office.
3. You are responsible for your entire bill regardless of your insurance company's failure to pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with them as your contract is between you and your insurance carrier.
4. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, any remaining charges are due and payable in full immediately, regardless of any previous arrangements or discounts.
5. There will be a missed appointment fee of $50 charged to your account for any and all scheduled appointments missed and not cancelled at least 24 hours in advance.
6. A finance charge of 1.5% will be accrued for any bill 90 days past due.
7. In the event the account is placed in collections, the undersigned agrees to pay all collection costs & fees, not limited to, attorney fees, collection agency fees, & court costs.
8. *If you have any questions concerning this or any other office matter, please speak with the Office Manager prior to seeing the doctor.*

Thank you.

I have read and understand the Office Financial Policy and agree to abide by the terms within.

Patient Signature Date