



Financial Policy

We are dedicated to providing the best possible care and service to you and your family. Your complete understanding of your financial responsibilities is an essential element of care and treatment.

We will make our best attempt to determine the coverage provided by your Medical Insurance. However, the insurance companies give us this information with a disclaimer that it may be incorrect.

We will make our best attempt to estimate your charges and your responsibility at the time of service. It is possible that charges will change as the doctor completes his notes and when insurance processes the claim. A fee schedule assigned from your insurance carrier will be loaded into your account giving us an estimate of what the patient responsibility will be at the end of each treatment.

We will discuss any issues that you may have concerning your payments. Please ask to talk to the office manager if you have any concerns.

Your Responsibilities:

- know your insurance coverage.
- notify our office if your insurance coverage changes.
- pay self-pay, co-pays, deductibles and coinsurance at the time of service. All balances which are not collected are due after insurance is processed and you are billed. This can sometimes take up to 6 months. The length of time that it takes to complete the billing process does not change your responsibility.

If, upon processing of your claim, your insurance company determines that Charges are not covered, that our providers are not in-network, or that all charges are applied to your deductible, you will be responsible for all charges in full.

We accept payment by cash, check, VISA, MasterCard, and Discover

If unpaid charges accumulate, a patient must pay some amount towards the past due debt in addition to an estimate of the current charges prior to being seen again. This is to ensure that the past due balance is reduced and no further unpaid charges are accumulated. It is understood that if the patient misses payments, without prior notification and agreement, the practice will not reschedule the patient and reserves the right to transfer collections to a collection agency.

We charge a \$35.00 fee for any returned checks over and above what your financial institution may charge.

Multiple missed/no show appointments may result in being charged a \$35 no show fee, as well as discharge.

Minors: For all services rendered to minor patients, the parent or guardian who brought the patient to the appointment, is responsible for payment.

Collection Agency Fees: Should your account become severely delinquent, the patient or guarantor agrees to pay all costs of collection including attorney fees, collection fees and contingent fees to collection agencies of not less than 35%. The Contingency fees will be added and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice.

I have read and understand the financial policy of Greenlee Chiropractic and Acupuncture Clinic, Inc. and agree to be bound by its terms. I also understand and agree that Greenlee Chiropractic and Acupuncture Clinic, Inc retains the right to amend their Financial Policy from time-to time.

Signature of Patient or Responsible Party if a minor

Date