

# VERNAL CHIROPRACTIC CLINIC'S OFFICE FINANCIAL POLICY

1. All patients are on a cash basis (cash, check, and credit card payments accepted). Payment is expected at time services are rendered.

2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your Report of Findings visit.

3. Patients with insurance:

- **Major Medical or Group Health Insurance (PPO, HMO, etc.):** Vernal Chiropractic Clinic does not participate in any major medical or group health insurance plans. Our policy is to not accept assignment of benefits nor file insurance claims for these types of insurance plans. We will provide you with a receipt so that you can file a claim with your insurance company. You may need to contact your Human Resources department or your insurance company for proper filing procedures.
- **Medicare:** We do not accept assignment of benefits for Medicare, however we are required to file the insurance claims for you. Medicare will pay you according to their guidelines.
- **Personal Injury Cases:** We may accept assignment and file insurance claims for patients involved in auto accidents or other personal injury cases. The patient is responsible for any deductible, coinsurance, and any services not covered or reduced by the insurance company.

1. If we accept assignment as a courtesy to you, you are responsible for your entire bill should the insurance company not pay the anticipated charges for any reason.
2. If we are accepting assignment and you receive a check from the insurance company during our billing, you must bring it into the office upon receipt.
3. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payable in full immediately; regardless of any insurance claims submitted.
4. If the patient has obtained the services of an attorney, we may accept a Lien or Letter of Protection from the attorney to defer payments from the patient. The patient remains personally responsible for all amounts due to Vernal Chiropractic Clinic.

We do request a minimum of 24-hour advance notice for any cancellation or rescheduling of your appointment. This is a consideration to our Health Practitioners as well as to our Clients whom would be able to utilize this time for their own health needs. **Short notice or no notice will incur an office visit charge.** We appreciate your cooperation in this matter.

If you have any questions concerning this or any other matter, please speak with the receptionist prior to seeing the Doctor. Thank you.

I have read and understand Vernal Chiropractic Clinic's Office Financial Policy and agree to abide by these terms.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**If you have an account balance of \$300 you will have to pay down your balance before you can be seen by the Doctor. This new policy does not apply to Workers compensation, Personal injury, or Medicare.**