

Financial Policies/Authorization and Assignment

In consideration of the care provided by Panchur Chiropractic Wellness Centre (the Practice),
I agree to the following:

Billing

- Understanding this office will bill my insurance company for the appropriate fees for services rendered. I will be required to pay deductible and/or co-insurance if required by my insurance policy agreement. I hereby promise to pay my bill within ten (10) days from the date my liability claim is settled or after the passage of three (3) months, whichever comes first.
- Authorization for direct payment to the Practice of any sum I now or hereafter owe the practice by attorney, out of proceeds of any settlement of my case, and by any insurance company obligated to make to me or the Practice based in whole or in part upon charges made for services rendered by the Practice.

Radiology

- Understanding that X-rays may be necessary for diagnosis and treatment of my condition, and those X-rays, if needed, will be taken in this office. I understand that my X-rays will be sent to **Professional Imaging Consultants (PIC)** for interpretation and written by a board certified chiropractic radiologist. I understand PIC will bill my insurance carrier, attorney, or the appropriate responsible party. I authorize any payment from my insurance carrier or attorney be sent directly to PIC. I further understand, if I am covered by Medicare; Medicare **does not** pay for the interpretation of X-rays taken in a chiropractic office. A photocopy of this assignment shall be considered as valid and effective as the original.

Self-Pay Patients

- All self-pay patients should identify themselves. Speak with us about what the anticipated charges will be and our 40% time of service discount.

Co-Payments

- Patient co-payments are due on appointment day or a \$5 fee will be added to your co-pay.

All Personal Balances

- Any delinquent balances/accounts will be turned over to Debt Recovery Services Collection Agency, which will report your information to the applicable credit bureau(s). A collection fee of \$35 or 35% of the balance will be added. If legal action is taken, an additional 50% of court and legal fees will also be added to the total balance.
- Any bounced checks will be charged \$35 per incident.

Records

- All medical records, including x-rays, are the property of this office by law. Your payment is for services only. Should you wish copies of your records, either for yourself or another doctor, please see the Receptionist. A reasonable copy fee may apply.

Signature

Date

Witness

Date