



3450 Acworth Due West Rd., NW • Suite 330 • Kennesaw, GA 30144
678-574-5227 • fax 678-574-5223

OFFICE FINANCIAL POLICY

CASH

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
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.

INSURANCE

1. If you have insurance, we will gladly accept assignment with the following exceptions and regulations, provided we have prior certification from your insurance company.
2. We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason.
3. Whenever you receive any worksheets from your insurance company or explanation of benefits, please bring this information into this office as soon as possible. We must have a copy of this to determine if proper payment has been made. If you should receive a check from your insurance company during our billing, you must bring it into the office upon receipt. If any over-payment exists after all insurance billing has been done, we will issue you an overpayment check - it will not come from your insurance company. This can take up to 30 days to process. All insurance payments, regardless of which company issues a check first, are applied to your account if any balance is due.
4. 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 payment in full immediately; regardless of any claims submitted.
5. MEICARE PATIENTS: Payment is due at time of service. We will file all claims with Medicare and help ensure your reimbursement. Medicare



3450 Acworth Due West Rd., NW • Suite 330 • Kennesaw, GA 30144
678-574-5227 • fax 678-574-5223

- may deem services as medically unnecessary at any time and will no longer reimburse you. Medicare does not cover any examination or x-ray done in a chiropractic office. You will be completely responsible for payment of those services.
6. If you have questions concerning this or any other matter, please speak with the receptionist or our insurance department prior to seeing the Doctor.

ALL PATIENTS

1. I understand that I will be expected to make up any missed appointments. All missed appointments must be made within 7 days. Failure to make up any missed appointment will result in a service charge of \$25 billed to the financially responsible party and is not payable by insurance.
2. I agree to follow all other recommendations made by the doctor(s), including doing my exercises as prescribed.
3. I understand that any recommendation for future care will be made only after physical and/or X-ray reexamination.

Thank you.

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

Patient's Signature

Date