Pacific Coast
KINESIOLOGY CENTER
Chiropractic . Health . Wellness
Abella-Desuyo Chiropractic Inc.

GENERAL & FINANCIAL POLICY

By signing below, you confirm that you have read this policy and understand that:

- It is your responsibility to inform our office of any address, name, or telephone change.
- Your account is to be kept current. All self-pay and insurance copayments will be collected at time of the service payable by cash, check, Visa, MasterCard, Discover or American Express.
- If you do not have your payment(s), your appointment may be rescheduled.
- If you are unable to keep a scheduled appointment, please notify us no later than 24 hours before so that we may offer that time to another patient. ***There is a $45 charge for missing an appointment without proper 24 hour notification.***
- A returned check will result in a $25.00 service charge and all future payments being required in the form of cash or credit card.
- If your account is turned over to a collection agency, you will be responsible for any costs incurred in collection of said balance, which may include collection agency fees up to 35% of your outstanding balance, court costs and attorney fees.

IF YOU HAVE HEALTH INSURANCE COVERAGE: As a courtesy to you, our office will attempt to pre-verify your primary insurance coverage for your chiropractic care. Coverage information is obtained from your insurance company using information you provided prior to your initial visit. **We must emphasize that as medical providers, our relationship is with you, not your insurance company.** Please be advised that the information provided by your insurance company is not a guarantee of payment, only an estimate of what might be covered under your policy at the time of the inquiry.

By signing below, you confirm your understanding of the following:

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what services are being provided to you, and whether they are covered benefits under your insurance.
- You are responsible for any non-covered charges not payable by your insurance policy.
- If necessary, we will send all required claim forms and documentation to ensure your claims are processed in a timely manner.
- Final determination of benefits available is determined when the claim is sent to your insurance company and we receive and explanation of benefits (EOB) from them. *Verification of benefits is **not** a guarantee of coverage or payment by your insurance company.*
- After all co-pays, contracted plan deductions, and insurance payment credits are applied to your account, any remaining portion will be your responsibility.
- If you are a **MEDICARE PATIENT**, please be advised that Medicare only covers Spinal Adjustments in a Chiropractor's office. All services outside of the Spinal Adjustment in our office will be your financial responsibility.

We realize that temporary financial problems may affect your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions regarding the above information, please do not hesitate to ask us. Above all, we are here to serve you.

By signing below, you have read and understand the above "General/Financial Policy" and agree to meet all above-stated obligations.

Patient Name: _____ **Date:** _____

Patient (Parent/Legal Guardian) Signature: _____