

FINANCIAL AGREEMENT

Jones Chiropractic Clinic

1. All patients are on a cash basis until their insurance coverage may be verified.
2. Waiting for the insurance to pay is a courtesy and it can be withdrawn under any circumstance.
3. As a patient, it is your responsibility to take care of the co-pay and any non-covered service on a weekly basis. Other arrangements can be made.
4. This office does not warrant or guarantee that your insurance will pay. Nor does this office promise that your insurance will or should pay the fees charged. Insurance policies are an arrangement between the insured and the insurance company.
5. This office will resubmit a claim one time. This office will **not** enter into a dispute with your insurance company. If coverage problems arise, you will be expected to contact your insurance company, adjustor, or agent. Any denied or disputed claims will be treated as non-covered services and you will be expected to pay such charges in a timely manner.
6. Any refunds that are due to you will be issued once your insurance company makes complete payments.
7. If you receive any correspondences or checks from your insurance company, you agree to bring these into our office so that we may determine if any action needs to be taken.
8. If your account is sent to a collection agency, you agree to pay the collection fee of 33.3% in addition to your outstanding balance owed to Jones Chiropractic Clinic.
9. There is a \$25.00 return check fee.

I have read and I understand the above financial policy. I agree and will abide by these terms.

_____ Date _____
Patient Signature (or responsible party)