

TO ALL OF OUR PROSPECTIVE PATIENTS:

We, at the Suburban Chiropractic Center, strive to provide you with the highest quality holistic health care for the best value. Our goal is service; to put you, the patient, first.

Due to the increasing complexities of the insurance system and the inherent problems and misinformation that can come forth in communication with insurance companies, we want to make it very clear to every patient that *payment for services rendered is ultimately their sole responsibility* regardless of the insurance coverage that they have.

As part of our quality assurance program we will submit claims directly to your insurance company for you and fill out any of the necessary forms to ensure that you get maximum reimbursement even though we are an “Out of Network Provider” with all insurance plans. We will even allow benefits to be assigned and paid to us directly where possible.

We will also offer you the service of calling your insurance company to determine your coverage. However, the Suburban Chiropractic Center cannot be responsible for any misinformation that is given to us by your insurance company as to what is covered and what is not. *Therefore, it is the patient’s ultimate responsibility to find out exactly what coverage they have and to make certain that their entire bill is paid.*

Suburban Chiropractic Center Payment Policy

1. **We respectfully request a minimum initial payment of \$195 on your first visit.** It will be applied to your account and will be used to cover part or all of any deductibles, coinsurance, and any non-covered items or services.

2. If our services are covered by your insurance plan, the remaining deductibles and coinsurance will be billed to you after the office receives the explanation of benefits from your insurance company. We kindly request that these charges be paid within 30 days.

We gladly accept cash, check or credit card.

Your signature below indicates that you have read and understand our payment policy and will abide by this policy and that you will be totally responsible for the charges you incur here at our Center. You understand the contract for health insurance is between the patient and the insurance company, or the employer and the health insurance company and not the responsibility of our office.

We will do our best to make sure you get the maximum reimbursement that you are entitled to from your insurance company. At the Suburban Chiropractic Center, **quality** and **value** are very important words.

Patient Signature _____ Date _____

Guardian (if minor) _____ Date _____