

**CORNERSTONE CHIROPRACTIC
FINANCIAL POLICY**

We have prepared this financial policy for all of our patients to familiarize you with our payment and billing procedures. Please do not hesitate to bring any questions you may have regarding this policy to the attention of our office manager. We will be happy to answer any questions you may have.

Payment in full for treatment is due at time of services. If you have medical insurance, we will be happy to verify coverage for you. For certain insurance plans that we do not participate in, we do reserve the right to not bill your insurance company. We will provide you with a receipt.

It is our office policy to:

- 1. Collect all co-pays at time of service.**
- 2. To collect full payment for cash patients the day services are rendered. If payment is not collected on the day of service, the paper reduction fee will no longer apply and you will be billed our standard fee.**

If we bill an insurance company, this in no way relieves the patient of their financial responsibility to this office. If your insurance company denies or delays reimbursement to this office for any reason, we reserve the right to demand immediate payment in full from you, the patient.

Monitoring any policy limitations is considered the responsibility of the patient.

Any outstanding balances that are guarantor responsibility will be billed the guarantor and will be due in full within 15 days from the date of the billing notice. Any amounts that become 45 days delinquent will be subject to a finance charge of 2.5% per month. Any accounts that become more than 60 days delinquent will be considered for assignment to our collection agency. Returned checks are subject to a \$35.00 returned check fee. Any fees incurred for collecting your debt will be your responsibility.

*******THERE WILL BE A \$25.00 MISSED APPOINTMENT FEE should you fail to provide this office with a 24 hour notice to cancel or reschedule.*******

OUR STANDARD FEES

Spinal adjustment-----\$85.00
Therapies-----\$35.00-\$85.00
Initial Exam/Re-Exam-----\$65.00-\$225.00
X-rays -----\$65.00-\$280.00

PAPER REDUCTION FEES

Spinal adjustment-----\$49.00
Therapies-----10.00-\$110.00
Initial Exam-----\$62.00-\$95.00
X-rays per view-----\$30.00-\$40.00

REQUIREMENTS TO RECEIVE THE PAPER REDUCTION FEE

- 1. Pay at the time of service.**
- 2. Never carry a balance.**
- 3. Require no paper work from our financial department, only a receipt at the time of your service.**

When a reduced fee is charged for services, no documents will be supplied to the patient for reimbursement by a third party, including copies of medical records, diagnosis, completion of forms or questionnaires, writing of report, preparation of insurance bills, etc. If any document is requested subsequent to payment of the reduced fee, the difference between the reduced charge and the billed charge will be paid by the patient on all related services prior to the preparation of the documents.

I have read, understood and do accept the financial policies of this clinic.

SIGNATURE

PRINT NAME

DATE