



Office Policies and Financial Agreement

Payment for services provided is due at the time of service. We accept cash, check, Visa and MasterCard. Please ask to see our current fee schedule.

No show/Late Cancellation Charge: When an appointment is made, time is reserved for your care. Please understand that it represents a cost to us and other patients when time that is reserved for your care is missed. Out of courtesy for other patients, we request that cancellations or reschedules be made at least 24 hours in advance. Failure to cancel appointments without 24 hour notice will result in a \$25 charge.

Optional care packages offered:

Care packages are offered to reduce your costs if you expect to come in regularly.

- \$175 for 5 adjustments* (\$35 per adjustment)
- \$300 for 10 adjustments* (\$30 per adjustment)

*No time limit on use and can be split within families. If at any time you decide to discontinue care and would like a refund of any remaining balance on your care plan, the amount will be adjusted to reflect the normal adjustment rate with the time of service discount applied. Packages must be paid for prior to receiving care to take advantage of the savings. No refunds will be offered after one year of the purchase date. Balances older than one year may be adjusted to reflect pricing updates that have occurred since the date of purchase. If you purchase a package on your first visit, we will pro-rate the exam cost as well to the cost of one adjustment for an even further savings. Packages can be transferred to other patients.

Insurance billing: We are out of network with all insurance companies with the exception of Medicare. Insurance coverage is not a guarantee of payment. Patients are responsible for any amount not covered by their insurance company. Please let us know if your insurance information changes.

If you would like us to bill your insurance company, we are required to bill a consistent rate and we'll bill based on our normal fee schedule. If you chose to take advantage of any of our discounts and would still like to bill your insurance company, we will happily provide you with the information you need to do so. Please allow 72 hours for us to prepare the necessary documentation.

Please remember that your insurance coverage is a contract between you and your insurance company and we are not affiliated in any way. We will make every effort to ensure they pay their portion, but ultimately you are responsible for any payment not received in a timely manner. Any issues with payment not received that is expected should be directed to your insurance company.

Insurance claims not paid within 60 days from the time they are submitted will be billed directly to the patient. It will then be the responsibility of the patient to work with their insurance company to recover any money owed.

Medicare: Medicare coverage only applies if it is your primary insurance. Medicare will forward claims to secondary insurers if you have one. Medicare will start paying for services after your yearly deductible is met. Until that point, you are responsible for the full charges. Medicare covers 80% of the adjustment cost for active care. Medicare does not cover the initial exam and the cost of that is the responsibility of the patient. Medicare Advantage Plans follow the guidelines of the private insurer they fall under rather than Medicare rules, so they may not provide coverage here. Medicare has a 20% co-pay which is due at the time of service if you do not have a secondary insurance that covers this amount.

Zero-balance policy: Our office reserves the right to refuse any future care until all balances are paid in full.

Billing: Patient's are responsible for being aware of and managing any balances on their accounts regardless of whether insurance is involved or not. We are under no obligation to send statements regularly. Our office will generally send one statement as a courtesy to patients. Future statements will include a \$1.00 statement fee and interest charges may be applied to balances over 60 days old. We reserve the right to send any overdue balances to collections and all associated charges for that process will be added to the patient's bill and become their responsibility. Any payment plans or special circumstances should be discussed and agreed upon prior to receiving care however we understand that circumstances

can change in life. If you have a special circumstance, need to make payments, or have other concerns about your bill, please call to discuss your options. Clear and honest communication is preferred so that we can determine a plan that benefits all parties.

PI and Work Compensation cases: Patients are responsible for any care not covered by personal injury or workman's compensation claims. Please see additional documentation that pertains to these types of cases.

Returned check fee: All returned checks will be assessed a \$25 fee. On the second occasion, we will not be able to accept personal checks and all payment must be made in cash.

Unpaid balances: Any unpaid balances may be subject to interest charges or may be sent to collections. Please let us know in advance if you have extenuating circumstances and need special financing arrangements made.

Continued care: An exam charge will apply any time a patient presents with a new injury or incident. If you have not been in for three years or more, you will be considered a new patient and an exam charge will apply. Any other exams necessary will be at the doctor's discretion.

Emergency or after hours care: Please note that we make every effort to provide each patient with high-quality, thorough and individualized care. If you need care outside of our normal business hours, we will make every effort to accommodate your situation but be aware that an additional \$50 charge will be applied in addition to normal rates. This charge is not billable to insurance companies and will be due prior to receipt of services.

I understand that if I terminate my care at Camp Verde Family Chiropractic & Wellness Center, any fees for professional services will be immediately due and payable, unless prior arrangements have been made. I have read and understand that I am responsible for all charges incurred for care received at Camp Verde Family Chiropractic and Wellness Center. I understand that payment is due at the time of service.

I acknowledge the policies set forth in this document, my understanding and my agreement to its terms.

Patient: _____ Date: _____

Health Care Authorization Form (Privacy Practices)

The full Privacy Practices document is available at the front desk for your review. If you would like a copy for your records, please let us know.

All information you provide to us will be considered confidential in nature and will only be referenced when contacting you, your insurance company, or a co-managing health care facility. By signing this form, I give permission to Camp Verde Family Chiropractic & Wellness Center to use all information that I provide to the office's discretion and as permitted by law.

I am aware that staff and other patients in this office may overhear my protected health information during the course of care. Should I need to speak with the doctor privately at any time, I will inform the doctor and they will provide a private room for these conversations.

By signing this form I am giving Camp Verde Family Chiropractic & Wellness Center and its staff permission to use and disclose my private protected health information in accordance with the directives listed in the notice of privacy practices.

This authorization shall not expire unless a request is provided by me in writing and delivered to Camp Verde Family Chiropractic & Wellness Center.

Patient: _____ Date: _____