

# Newhope Chiropractic

## Financial Policy

1. It is the policy of this office that all services rendered are charged directly to you, the practice member and that ultimately, the practice member is responsible for all services, including those not reimbursed by third party payors.
2. All payments are expected at the time of service, or at the end of each week. Cash patient balances may not exceed \$200.00 at any time, unless other arrangements have been made.
3. All insurance assignment patients must pay their deductibles in full and the co-payments at the time of service, or at the end of each week.
4. Returned checks and balances over 30 days may be subject to additional collection fees.
5. A personal credit card is required to be on file for all practice members. All insurance claims not paid within 60 days will be due to the practice member at this time. All accounts not paid within 90 days will automatically be put through the credit card on file for collection. If that office visit is subsequently covered by the insurance carrier, then that amount paid by the practice member will be credited back to their account or put towards another visit that has not been paid for 60 days, whichever is the case.

**Credit Card Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVC Number:** \_\_\_\_\_

6. The privilege of insurance assignments begins when our office receives your insurance forms.
7. All deductible payments **MUST** be made prior to insurance submittal.
8. You are considered to be a cash practice member until our office “qualifies” you coverage to determine the extent of benefits under your policy.
9. All co-payments are payable when service is rendered or at the end of each week. A \$200.00 co-payment balance must not be exceeded by any practice member.
10. This office does not file for or accept co-payment for secondary insurance coverage.
11. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately payable in full. In case of insurance of insurance claims submitted, they may become immediately due at the discretion of the doctor.
12. This office does not promise that an insurance company will reimburse you for the unusual and customary charges submitted by this office, nor will we enter into any dispute with an insurance company over the amount of reimbursement.
13. Since we do not own your policy, and, occasionally, we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying this situation.
14. Your insurance policy is a contract between you and the insurance company, not between Newhope Chiropractic and your insurance company. You, the practice member, are ultimately responsible for your bill.
15. All missed massage therapy appointments without at least 24 hours notice of cancellation are subject to a \$15.00 fee.
16. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a doctor-patient relationship that works for our mutual benefit.

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**Print Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_