

WELCOME

Our staff is committed to providing our patients with the best care possible. In order for us to achieve this goal and better serve you, we need your assistance in obtaining the necessary and required information.

INITIAL CONSULTATION:

The patient is responsible for 10% of the bill which is due and payable at the time of your office visit. As a courtesy to our patients we will contact your insurance carrier to determine your benefits for Physiotherapy and Chiropractic and submit all claims to your carrier. If your carrier denies treatment for ANY reason, you acknowledge a discounted fee of \$100/Visit for services received.

INITIAL CONSULTATION: (Medicare Patients):

Since our office accepts Medicare assignment, we will bill Medicare for any services rendered, if applicable. Patients who have only Medicare are responsible for the co-insurance payment portion approved by Medicare. If the patient has a secondary insurance and if applicable, we will bill them for any services rendered.

CANCELLATION OF APPOINTMENTS:

All cancellations must be made 24-hours prior to the patient's scheduled appointment to avoid a \$50.00 cancellation fee. Patients who arrive later than 10 (ten) minutes after their scheduled appointment, are not guaranteed to be served by their doctor or therapist and may have to reschedule their appointment. It is important to understand that a patient's appointment is reserved for them and for their benefit, so we encourage you to timely attend all scheduled appointments.

WORKMAN'S COMPENSATION:

All Workman's Compensation claims **must** be pre-approved by this office and/or claims adjuster before the patient is rendered any medical services.

TYPES OF PAYMENT:

This office accepts cash, personal check, money order and credit cards for services rendered.

PLEASE NOTE:

While this office, as a courtesy and where applicable, files patient's Insurance Claims with their insurance carrier, we must emphasize that as medical care providers our relationship is with the patient, individually, and **not** any insurance companies. It is important to understand that not all services rendered are a covered benefit under all contracts. As such, a patient must understand that their insurance coverage is a contract between the patient, the patient's employer and/or the insurance carrier. Any and all charges are the sole responsibility of the patient. Should you require additional information, please do not hesitate to contact our office.

I, THE UNDERSIGNED, AGREE TO ALL THE TERMS AS LISTED ABOVE.

Patient Printed Name: _____

Signature: _____ **Date:** _____