

# Glen Burnie Chiropractic and Physical Therapy, LLC

## Office Policy

The Glen Burnie Chiropractic and Physical Therapy, LLC may be referred to as doctor's office in this agreement.

1. It is our office policy that all services rendered in this office are ultimately your personal responsibility. We will bill your health insurance if applicable, and accept payment from them. However, if services are denied for any reason, you will be responsible for payment.
2. All copays, deductibles, co-insurance and cash due is expected at the time of service.
3. Returned checks are subject to a \$25 returned check fee.
4. Patient balances over 30 days unpaid will be turned over to collections. I am responsible for all collections costs including, but not limited to any collection agency fees and attorney fees that the doctor's office may incur.
5. I hereby waive any statute of limitations, which might affect any claim that The Glen Burnie Chiropractic and Physical Therapy, LLC may have against me.
6. If I am being treated for an accident, date of loss \_\_\_\_\_  
I hereby give a lien to The Glen Burnie Chiropractic and Physical Therapy, LLC on any settlement, claim, judgment or verdict as a result of said accident, and authorize and direct you, my attorney/insurance carrier, to pay directly to mentioned doctor's office such sums as may be due and owing for services rendered to me, and as may be necessary to protect doctor's office adequately and pay my balance due. I am aware that I am fully responsible to doctor's office for my balance owed, and this agreement is made solely for the doctor office's additional protection and in consideration of them awaiting payment.
7. I am responsible for a \$30 no show fee if I fail to call to notify the doctor's office that I am unable to keep a prescheduled appointment. This fee is not payable thru any insurance and is payable by me personally.

Patient Name: \_\_\_\_\_

\_\_\_\_\_ (seal)

Patient Signature

\_\_\_\_\_ Date

\_\_\_\_\_ (seal)

Witness Signature

\_\_\_\_\_ Date