Berven Chiropractic **6534 Gunn Hwy., Tampa, FL. 33625** **(813) 968-3500**

Financial Policies

I understand this office will process my insurance forms as a courtesy, to me, and will provide sufficient information to the carrier to obtain payment for my treatment. In some instances insurance companies may deny or reduce payment despite best efforts to demonstrate the necessity for care. I understand that my insurance policy is a contract between myself and the insurance carrier. I agree to assume all financial responsibility once these limitations have been satisfied and no further insurance coverage is available. I understand that services are payable when rendered, unless previous financial arrangements have been made.

Neuromuscular massage therapy, stress relief massage, rehabilitative exercises, as well as maintenance/preventive chiropractic treatment, are usually considered outside covered insurance benefits, therefore, my financial responsibility. Some insurance companies exclude the therapy modalities (EMS, Ultrasound, Diathermy, Traction, etc.). While the doctor may recommend this treatment to you as medically necessary and beneficial for my particular condition, I understand that it is my financial responsibility.

Assignment and Release

I certify that I, and/or my dependent(s), have insurance coverage with _____(insurance company) and assign directly to Dr. Berven all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. Dr. Berven may use my health care information and may disclose such information to the above-named insurance Company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

_____ / _____

Signature of Patient, Parent Guardian or Personal Representative — Please print name

_____/ _____

Date — Relationship to patient

Notice: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.