

## **Berven Chiropractic**

### **OFFICE POLICY**

#### **Welcome to Our Office**

We believe that a clear definition of our office and financial policies will allow us to concentrate on the primary goal of restoring or maintaining your health. If we do not believe your condition will respond to chiropractic care, we will not accept you as a patient but will refer you to another health care provider, if appropriate. Our practice will strive to provide you with the finest quality chiropractic care. If you have any questions, please do not hesitate to ask. We welcome referrals and look forward to establishing a satisfactory doctor-patient relationship.

**We ask that all cell phones be turned off before you are brought back for your treatment.**

#### **Transferring Records**

If you want to have copies of your records, you must authorize us to include all relevant information. If you want your records transferred from another doctor or organization to us, you authorize us to receive all relevant information.

#### **Payment Options**

You may choose to pay cash, check, credit or by debit on the day that the treatment is rendered.

#### **Insurance**

Insurance is a contract between you and your insurance company. We will provide you with the service of billing your insurance company for you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. **You agree to pay any portion of the charges not covered by your insurance.**

#### **Verification of Benefits**

We may assist you, at our discretion, in verifying your insurance coverage in an effort to verify exactly what chiropractic coverage is available on your policy. You as the policy holder are primarily responsible to verify benefits. We cannot guarantee payment of the benefits and subsequently you may be responsible for any coinsurance, deductibles, or fees for non-covered services that may result.

#### **Required Payments**

Any co-payment, deductibles or coinsurance, fees for non-covered services, or outstanding balances must be paid at the time of service.

#### **Payments**

Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

**Past Due Accounts**

If your account becomes past due, we will take steps to collect this debt. If we have to refer your account to a collection agency you agree to pay all of the collection of the balance to a lawyer, you agree to pay all the lawyer's fees which we incur, plus all court costs. You understand if your account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Massage**

We require **24 hour notice** if you need to cancel your massage appointment. Otherwise you will be charged **\$25.00 cancellation fee per half hour.**

**Effective Date**

Once you have signed this document you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

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Patient Signature

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Date