

Fayetteville Family Chiropractic
205 Owen Drive
Fayetteville, NC 28304

FINANCIAL POLICY

You are responsible for all charges incurred in this office. Your Chiropractic care is a contract between the doctor and you. Your insurance policy is a contract between you and your insurance company. Therefore, our office policy requires payment in full for all services rendered on your first visit. As a courtesy, we will file your insurance claims for all visits. You will be charged for any amount not paid or covered by your insurance company for all subsequent visits.

If you are here due to an auto accident, it is our policy to contact your automotive insurance company to verify your policy coverage and limits (uninsured/underinsured motorist, Med Pay, etc.). We do this to provide you with options to pay your medical bills in the event that the third party is either uninsured or is not willing to offer you a settlement that will pay all of your expenses. This is for your protection as well as our offices'.

If the account is not paid within 90 days of the date of service and no financial arrangement has been made, you will be responsible for any expenses incurred in collecting your account, including interest at the rate of 1.5% per month and reasonable attorney's fees.

Your method of payment may be in Cash, Check, or Credit Card (Visa, MasterCard, or Discover – as well as Debit cards).

Person responsible for this account: _____

Relationship to Patient: _____

I have read and understand the above financial policy. By signing this contract I am agreeing to the terms as explained to me.

Date

Patient Signature/Guardian

(Seal)

MED PAY INFORMATION

A lot of people have benefits (MED PAY) included in their automobile policies and don't even realize it. Our office highly recommends that you use your Med Pay coverage, if you have it, in the event that you have been injured in an automobile accident, regardless of who is at fault.

- 1) **Med Pay is similar to Health Insurance.** Using it does not cause your rates to increase. If your rates increase, it is not because you filed your Med Pay, it is most likely because: a) It was determined that you were at fault; b) you received the police citation or ticket; or c) you have been involved in numerous reported auto accidents within a brief period of time and therefore are now considered to be "high risk".
- 2) **Filing your Med Pay does not relieve the other party from having to pay in full for your loss.** On the contrary, by filing your Med Pay, when you collect from the other driver's Liability insurance, a greater amount of settlement will go directly to you because your bill at our office may be paid in full. If the other driver's Liability insurance refuses to make payment to you for whatever reason, filing your Med Pay will help insure that you are not stuck with all the medical bills.
- 3) **If you have Med Pay coverage and choose not to file, then you are paying for an option, but not receiving any benefit.** For the same reasons, our office also recommends that you file your commercial Health Insurance. The important thing to remember is that you are not guaranteed of receiving full payment from the other driver's Liability insurance company. Filing both your Med Pay and your Health insurance will help to insure that you are not left to pay the medical bills. If we receive overpayment on your account, we will be happy to refund you the difference.

I authorize Fayetteville Family Chiropractic to file on my Med Pay. I will provide all necessary information.

Patient Signature _____

Date _____

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of the willingness of Fayetteville Family Chiropractic to treat me on credit without demand for payment at the time services are rendered. I hereby agree and stipulate as follows:

I irrevocably assign to Fayetteville Family Chiropractic any proceeds or compensation that I am or may become entitled to receive as a result of injuries that occurred on _____ to the extent of the chiropractic services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to Fayetteville Family Chiropractic, from any disability benefits, medical payment benefits, liability benefits, health and accident benefits, workers compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums as are due or may become due to Fayetteville Family Chiropractic for its services rendered.

I appoint Fayetteville Family Chiropractic as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft upon which I am a named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Fayetteville Family Chiropractic.

I authorize Fayetteville Family Chiropractic to release to any insurer with applicable coverage or to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection of proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to Fayetteville Family Chiropractic for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds. If Fayetteville Family Chiropractic is required to take legal action against me to recover any unpaid balance on my account, I agree to reimburse Fayetteville Family Chiropractic for its costs of recovery, including reasonable attorney's fees.

X _____
Patient' Signature

Date

Witness

Printed Name

Claim Number

Claim Number

NOTICE OF LIEN (Office use only)

Pursuant to N.C.G.S. 44-49 and 44-50, Fayetteville Family Chiropractic hereby asserts and gives notice of a lien upon any sums recovered in damages for personal injury in any civil action and also upon all funds paid to the above-named patient in compensation for or settlement of injuries sustained, whether in litigation or otherwise.

Fayetteville Family Chiropractic hereby requests that if its claim is not paid in full from the foregoing proceeds, a full disclosure and accounting of proceeds be provided in conformity with N.C.G.S. 44-50.1. Fayetteville Family Chiropractic agrees to be bound by any confidentiality agreements regarding the contents of the accounting.

FAYETTEVILLE FAMILY CHIROPRACTIC

By: _____

A PHOTOCOPY OF THIS ASSIGNMENT/LIEN SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.