

Henderson Chiropractic and Sports Rehab Clinic

Our Office Policy on Insurance Assignment

Our office is please to accept your insurance assignment, subject to verification of your exact coverage. We will file your claim forms and assist you in every way we can. However, the insurance contract is between you and your insurance company, and you are fully responsible for **any** non-covered amount.

Office Policy Regarding Insurance Assignment

1. This office **Does not** guarantee your insurance company will pay for your care. By accepting assignment, we must wait for payment. This courtesy may be withdrawn if circumstances warrant.
2. If we are able to verify and accept insurance, we will bill your insurance periodically as long as you are a patient of this office. Should your insurance company terminate coverage or disallow all or a portion of the claim for any reason, you remain responsible for your outstanding balance. All charges incurred at **Henderson Chiropractic and Sports Rehab Clinic** are your total responsibility regardless of payment by you, your insurance company, or other person's responsible for your account, and regardless of satisfaction of care. A payment plan can be set up with our business manager.
3. You are always responsible for the entire uninsured balance of your account. Discontinuance of care does not relieve you of your responsibility to pay for services already rendered. ***If Payment From Insurance Company Is Not Received Within 60 Days Of Service, The Patient (You) Will Receive A Billing Statement And Is Expected To Pay For Services In Full Within 7 Business Days Of The Statement Date or a \$25.00 finance charge will be added to your account.*** Should an overpayment be received, any credit balance will be cheerfully and expeditiously refunded.
4. To avoid large balances, you must pay our your deductible and co-insurance portion ***as you go*** unless prior arrangement has been made. Our office will not enter into a dispute with your insurance company over a claim. This is your responsibility and obligation.
5. If this account is placed with an attorney or collection agency for collection, ***Be advised that additional fees may be added.*** If litigation pursues, you also understand you will be responsible for additional court cost or attorney fees.
6. If you understand and agree to these policies, please sign your name below. We will accept your insurance assignment, subject to verification. This office will answer questions and complete requests for additional information received from your insurance company.

Print Patient's Name: _____

Patient's Signature: _____

Date: _____

Patient's Representative's Signature: _____

Date: _____