

FINANCIAL POLICY

At Z Chiropractic we want to provide you and your family the best health care as possible. We will assist you in every way to be able to afford chiropractic care.

- We collect the First Office Fee of \$95 regardless of insurance coverage.
- We offer an affordable "Family Plan Package" to help patients that are not covered by insurance or meeting a deductible.
- We accept Cash, Checks, Visa, MasterCard and American Express.
- For many patients health insurance is a good option. We are happy to work with all insurance companies that cover chiropractic care. What insurance companies will cover can vary greatly from company to company. If you plan on using your insurance we will verify coverage and as a courtesy to our patient, we can bill them directly.

If after 60 days we have not received payment from your insurance company you will receive a statement from our office asking you to pay the amount owing. We encourage you to contact your insurance company for reimbursement.

- If you have been involved in an Automobile Accident, we can bill your auto insurance directly if you have *Medical Payments* provisions. Or we can make arrangements with your attorney if you are being represented.
- All Co-Payments and Deductibles are collected at each visit.
- A service charge of \$20.00 will be applied to your account if a personal check is returned to us from your bank.
- A finance charge of 1.5% will be applied on a monthly basis to any outstanding balances on your account after 60 days until your account is paid in full.
- Overdue Accounts: Using an outside collection agency is always our last resort. Please call us to make arrangements for payment due to hardship.
- There is a \$25 Missed Appointment Fee if we do not receive a call within 24 hours of your scheduled time.
- If the DOCTOR is more than 10 minutes late for your appointment, **your visit is on house!!** If YOU are more than 10 minutes late for your appointment, we will charge you a Missed Appointment fee of \$25.00 and we will have to reschedule your appointment. *Sorry, we are unable to bill your insurance for this charge.*

X

Patient's signature

Date