

Dekalb Chiropractic Center, Inc.

Financial Policy

Our goal at the Dekalb Chiropractic Center is to provide you with the finest health care possible and to provide you with several financial policy options so the cost of your health care does not become over-whelming. We have outlined five (5) options that are available for you depending on your situation.

Option # 1:

You will be on a cash basis. It will be your responsibility to keep your balance current each week. If you have insurance, we can provide you with an insurance claim form upon request and you can bill your insurance company and then collect from them directly. We accept cash, check, MasterCard/Visa or Discover Card.

Option #2:

We will submit your insurance forms to your insurance company for you. It will be your responsibility to pay your deductible first, then you are responsible for paying your co-pay of the total charges at the time of service. We accept cash, check, MasterCard/Visa, Discover Card or Care Credit.

Option #3:

You will finance your care 100% through Care Credit. . If you have insurance, we can provide you with an insurance claim form upon request and you can bill your insurance company and then collect from them directly or we will submit your insurance forms to your insurance company for you.

Option #4:

Workman's Compensation claims are handled in somewhat of a different manner. If you are injured on the job and have been authorized by your employer to seek our care, Options 1-3 do not apply. We will bill the workman's compensation carrier directly.

Option #5:

Personal Injury claims are also handled differently. If you are injured in a personal injury accident, we will bill your major medical insurance, your auto insurance Med-Pay policy, and any other insurance company which may be liable for your accident. Personal injury claims usually take quite an amount of time to settle, so our policy is to file interim billings with other insurance sources to keep your account as current as possible

I have read and fully understand the above options. I fully understand and agree that insurance policies are an arrangement between an insurance carrier and myself. I know that my signature below will be legal and binding.

Date _____ Option # _____

Signature of Responsible Party _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Dekalb Chiropractic Center will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to the Dekalb Chiropractic Center will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.

COST OF COLLECTION & ENFORCEMENT: Patient agrees to responsibility to Dekalb Chiropractic Center for all costs and expenses, including but not limited to reasonable attorney fees, costs of collection and court costs, incurred by Dekalb Chiropractic Center in connection with the enforcement of the Patient's obligations. A fee of 35% of the balance due will be assessed upon the account being referred for collection. Any balance unpaid after 60 days will be considered past due. All past due amounts shall incur interest at the rate of 1 1/2% per month (eighteen percent (18%) per annum).

Patient's Signature _____ S.S.# _____ Date _____

Guardian or Spouse's
Signature Authorizing Care _____ Date _____

Information Taken By: _____ Date _____

NOTE In case of an automobile accident be sure to have your spine and nervous system examined. All insurance policies cover chiropractic care for auto accidents

NOTE **UNACCOMPANIED MINORS**
The parents (or guardians) are responsible for payment prior to, or at the time, services are rendered.