

Barnes Chiropractic Health and Fitness
Financial Agreement for Payment of Chiropractic Services

Barnes Chiropractic Health and Fitness is dedicated to providing you the best Chiropractic care possible. We will gladly submit insurance claims to your insurance company for services that you have received in our office. There are many plans within each insurance company, which makes it difficult for us to know each patient's policy. When you know your insurance policy, by working together, we can help you receive your maximum allowable benefits

If you have an insurance plan with which Barnes Chiropractic Health and Fitness Participates-

This means that we have a contract with your insurance plan and we agree to accept their reimbursable rate. This may not mean that you will be only responsible for your co-pay. Your insurance company will inform you and BCI-JF with an explanation of benefits of the amount that you are responsible for. If the amount exceeds the co-payment amount we will send you a statement reflecting the balance that you owe. Should you disagree with your insurance company's payment or response, it is your responsibility to follow up with them regarding the matter. If you have co—pay, please come prepared to pay it at each visit. We accept cash, checks, Master Card, Visa, and debit cards. There is a service charge of \$25.00 for any returned check

Non-participating Insurance Plans

If you have insurance but it is not a plan that we participate with, we will submit the initial claim on your behalf, however we do ask for payment in full at the time of service. BCHF will provide you with a receipt that has necessary information for submission to your insurance Company. You are responsible for submitting your claims for reimbursement after the first visit. We accept cash, checks, Master Card, Visa, and debit cards. There is a service charge of \$25.00 for any returned check

If you do not have Chiropractic Care

We suggest you inquire about the Preferred Chiropractic Doctor (PCD) program in which we participate. This program allows its subscribers to receive discounted rates that can make your care more affordable. Ask at the front desk for information and a membership application.

Appointment Policy

In order to minimize waiting and help you incorporate these appointments most conveniently into your daily routine, we ask that you schedule multiple appointments at least one week at a time. This is usually done at the end of each week. If you are unable to keep your scheduled appointment(s) we request that you call 24 hours ahead to reschedule. There will be a \$25.00 charge for missed appointments.

Should you discontinue care for any other reason than discharge by the doctor, any and all balances will become immediately due and payable regardless of claims submitted to the insurance company. All accounts not paid within 30 days of initial notice will be turned over to our attorneys for collection and all of the cost of collection, including legal fees of 1/3 balance due and court costs will be the responsibility of the patient.

I understand these policies and I agree to abide by the same.

Print patient Name

Signature (patient or guarantor)

Date

Financial contract/dag
Second issue 11/3/04