

# Touch of Wellness Chiropractic's

## Financial Policy

Thank you for choosing our office to serve your Chiropractic needs. Please sign and date the bottom of this form. Please let us know if you have any questions before signing and agreeing to our policies.

- ✓ Payment of your co-pay, co-insurance, deductible, and/or full payment is **due at the time of service.**
- ✓ Your insurance benefits are an agreement between you and your insurance company, not between your insurance company and our office. We cannot be 100% certain if your insurance covers Chiropractic, although most policies do provide coverage. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company. **Insurance balances which are not paid within 60 days will become your responsibility** and will be billed to you.
- ✓ If your treatment is not covered by your insurance company, the cost for such charges will be your responsibility and be due immediately.
- ✓ Patients' accounts that go **unpaid for 45 days or more will accrue a 20% interest** charge on the TOTAL account balance.
- ✓ Patients' accounts that go **unpaid for 90 days or more may be sent to collections.** If you are sent to collections, you will **also be charged a 33% collection fee** in addition to your delinquent balance.
- ✓ If you agree to a payment plan and suspend or terminate your schedule of care before your payment plan has been completed, you are still responsible for the ENTIRE amount you originally agreed to pay. All payment plans are **NONREFUNDABLE.**
- ✓ We ask that if you are unable to keep your appointment time, contact our office as soon as possible. Habitual failure to keep your appointments without prior notice may result in a FULL charge for each missed appointment and termination of your care in our office.

*By signing below, I certify that I have read, understood, and accepted ALL the above policies*

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*Signature of patient/legal guardian*

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*Date*