

SHERIDAN PARK CHIROPRACTIC CENTER
Dr. Rebecca Brinkman Dr. Nhu Trieu
8753 Yates Drive, #104 Westminster, CO 80031 (303)429-4104

FINANCIAL POLICY

Our office charges a **fee for service/unit of time** for the following:
Office appointments for chiropractic, acupuncture or massage therapy.
Special testing (blood work, allergy tests, etc.)
Forensic time: court appearances, travel time, documentation, consultations.
Phone calls beyond 10 minutes for extensive consultations.

Payment is due on the same day as services are provided.

Health Insurance: Insurance clients are required to pay co-insurance along with deductibles on the day of service. If you have an HMO, PPO, or other managed health care plan, we agree to accept their payments for service according to the insurance contract. Your care will be determined by your individual needs, and not what your insurance company will cover. If there is an over-payment by your insurance company, we will refund the difference to you or apply it to your account upon request.

Medicare: We do accept assignment from Medicare. Medicare will only cover spinal manual manipulation. Medicare pays 80% of the allowable fee once the annual deductible has been met. You are required to pay the deductible and the remaining 20% as well as non-covered services. Our office files the forms for Medicare at no charge. If you have Medicare supplement we will file that after Medicare processes the claim.

Personal Injury of Automobile Accidents: Please notify your auto insurance carrier of your visit to our office and present insurance information to us immediately.

- If you have **Med-payment** on your auto policy, all services will be covered at 100% up to your allowable amount.
- If you **do not** have **Med-pay**, you are responsible for payment at time of service until the claim is settled. Our office will determine if you may use your health insurance for payment of service rendered.
- If you were hit by an uninsured motorist, you are responsible for payment of all fees and services until the claim is settled. Our office will determine if you may use your health insurance for payment of services rendered.
- If you were not at-fault in an accident, and the other driver had auto insurance, you are responsible for payment of all fees and services. When your case is closed, we will provide documentation you may submit with your bills to the at-fault driver's insurance company so that you can be reimbursed by them.

Cancellation: If it is necessary for you to cancel an appointment, we require at least **24 hours notice**, otherwise, you will be charged for the scheduled service that was missed. By signing below, you agree to pay that charge. (Because insurance companies are not responsible for and do not pay for missed appointments, you must pay for these out of your pocket.)

Delinquent Accounts: If your account becomes past due, your signature below gives us permission to hire an attorney or bill-collecting agent to collect the fees you owe for services in our office and the cost of the collector. Please, if an extenuating circumstance arises and you need to discuss your bill, talk to us promptly so that we can take that into consideration, before beginning a bill collection procedure.

Your signature below states that you agree to pay for any charges not covered by your insurance, such as nutritional supplements, supplies, or orthotics.

Patient's Signature

Date

Witness Signature

Date