Southern Illinois Chiropractic Center
Office Policy & Financial Agreement

At Southern Illinois Chiropractic Center we believe that a clear definition of our office and financial policies will allow both you the patient and we the office staff to concentrate on the big issue at hand, which is regaining and maintaining your health to the maximal level possible. Please initial next to each office policy so that we know you have read and understand our policies. Thank you!

PRINT NAME: _____

____ When entering our office on any given visit, please go directly to the front desk and sign in at one of the laptops using the last 4 digits of your home phone number and follow the prompts.

____ At your second visit, your entire treatment plan will be scheduled for your convenience in order to minimize waiting and to facilitate incorporating these appointments into your daily routine. If you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. Our office does not charge for missed appointments, but we do appreciate the courtesy of knowing if you need to reschedule an appointment so we can make that time available to our patients.

____ We attempt to honor all appointments at their scheduled time to the best of our ability. If you're late, you may have to wait for the next available timeslot.

____ A personal financial policy will be given to you at the end of your first visit. If you wish to utilize your health insurance benefits a copy of your insurance card and license will be made and your benefits will be verified for you.

____ We require that all insurance, accident or worker's compensation information be provided to this office within 5 business days. Patients who fail to do so will become cash patients and any balance must be paid in full at that time.

____ I understand that the care was provided to me, not to my insurance company, employer, and/or attorney. Therefore I am solely responsible for my account and any monetary balances it may accrue, including services my insurance company does not cover.

____ Unless other arrangements have been made between you and Southern Illinois Chiropractic Center, ***payment is due when services are rendered***. Our office accepts cash, check, all major credit cards and health savings account/flexible spending checks and debit cards.

____ I understand that in the event I fail to make payment to this office for any and all costs incurred as result of chiropractic services rendered within a reasonable period of time as stated, that I agree to pay the cost of collection, including reasonable attorney's fees as provided by law.

____ Southern Illinois Chiropractic Center accepts a number of health insurances and also has plans available for those who do not have health insurance, or chiropractic is not a covered benefit.

____ MEDICARE ONLY Our office is a NON-ASSIGNMENT provider for Medicare which means you the patient will receive a reimbursement check in the mail for your care. Please speak with Melissa about your payment options.

____ PERSONAL INJURY ONLY I understand that this office will bill all liable parties, including the medical portion of my own car insurance if applicable, regardless of who was at fault in the accident. We have never been notified by patients that this action has affected their car insurance premium.

_____ _____ _____ _____

Patient Signature Date Office Employee Date