

OFFICE FINANCIAL POLICY

CASH

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis with a credit/debit card arrangement on file. Any such plan or arrangement will be discussed during your financial care plan visit. This office uses ClearGage LLC as our payment plan provider. Representatives from ClearGage LLC may contact me if a payment fails.

Initials

INSURANCE

1. We do not accept assignment, but as a courtesy to you we will verify your insurance benefits. You are responsible for your entire bill. We are not a mediator between you and your insurance company and will not enter in to any dispute with the same, as your contract is between you and your insurance company.

_____ a. I authorize Live Well Chiropractic LLC. to verify my insurance benefits.
Initials

2. Any services not covered or coverage reductions by your insurance will be your responsibility.
3. If the patient is referred to another specialist or discontinues care for any reason, their account balance is due and payment in full is required immediately.
4. If you have questions concerning this or any other matter, please speak with the front desk prior to seeing the Doctor.
5. Patients may be refused services based on the following criteria: Any patient not on a pre-arranged payment plan with an account balance of \$250 or greater must pay for that days services at the time they are rendered. This patient must also make a payment arrangement for the outstanding account balance.
6. This office may make payment plan arrangements on an individual basis with a credit/debit card arrangement on file. Any such plan or arrangement will be discussed during your financial care plan visit. This office uses ClearGage LLC as our payment plan provider. Representatives from ClearGage LLC may contact me if a payment fails.

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Thank you.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient's Signature

Date