FINANCIAL AGREEMENT

As a courtesy, Adkins Chiropractic will be glad to bill your insurance company as long as we have your current information on file, and you provide us with a copy of your insurance card. INSURANCE BILLING IS SUBMITTED DAILY.

To process insurance claims quicker, please call your insurance carrier to answer any questionnaires.

Patients who carry health care insurance should remember that professional services are rendered and charged to the patient and not to the insurance company.

Even though an insurance claim has been filed, you will receive a statement each month if your account has a balance due. If a check for payment is returned, there will be a \$25.00 processing fee charged to your account.

This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. We expect payment of the portion not covered by your insurance company.

If there is an overpayment at the time you have finished your treatment, the credit balance will be refunded or applied toward future care.

*Supplies and Supplements are to be paid for in full at time of visit.

Service Charge: If fees for services rendered are not paid within 90 days from the date of service, a finance charge of .875% APR per month (10.5% annual) on the unpaid balance will be assessed.

The following chiropractic benefits were quoted to Adkins Chiropractic; however, this is not a guarantee of benefits and you should contact your insurance directly to confirm. All services rendered are charged directly to you and you are personally responsible for any unpaid charges.

DATE:	TIN	1E:	INSURANCE REP:		
INSURANCE CARRIER:					
PATIENT NAME:					
			DOB:		
DED:	DED MET:		CALENDAR YEAR:	EFDT:	
			MAX:		
			MASSAGE MAX:		
PHYSICAL THERAPY:			PHYSICAL THERAPY MAX: _		
ORTHOTICS:					
OOP:	OOP M	ET:	XRAY:		
I agree to pay r	ny co-pay:	DAILY	WEEKLY		
 Signature			 		