

## FINANCIAL AGREEMENT

Welcome to N2Health – Chiropractic & Acupuncture. We want your experience here to be as pleasant as possible. Please ask the staff or doctor if you have any questions. To acquaint you with our payment arrangements please review the following and sign in acknowledgement.

1. **No insurance:** Unless other arrangements are made with the billing manager, payment is expected at the time services are rendered. We accept personal checks, cash, Visa, or MasterCard.
2. **Group Health Insurance:** We will bill your insurance claims for you. However, we ask that you remember the following: insurance is an agreement between yourself and the insurance company. Any balance beyond what the insurance covers is your responsibility. We will contact your insurance company to verify eligibility and coverage, but we are not responsible for any misinformation that the insurance company may give us. Most insurance plans require you make a co-payment, co-insurance and/or deductible. It is your responsibility to pay these amounts at the time service is rendered unless a specific agreement is made with the billing manager. We are willing to carry the portion owed by your insurance company for 60 days. If your insurance company does not pay their expected amount within 60 days then the charges in full will be collected from the patient. Any unpaid balances beyond 60 days is subject to a 5% service charge per month.
3. **Work Comp:** Work related injuries are managed in conjunction with your employer. Employers carry insurance for this type of injury and they must authorize care and give us the billing information. Most employers will authorize care however, they have medical control for the first thirty days, meaning they can choose who treats you, unless you have a “designated doctor” form on file with the employer previous to your injury. You will not be responsible for your charges unless you elect to treat with us against your employer’s wishes. If you require an attorney to represent you in a contested work related injury case we can recommend several to choose from.
4. **Personal Injury:** We will bill your auto insurance med pay. If you have group insurance we will also bill that for you unless your med pay coverage covers the entire amount of your medical claim. We do not accept group insurance benefits as full payment when there is a third party. If you retain a Personal Injury attorney (approved by this office), we will accept a lien. An approved attorney will fall under the following guidelines: you must formally retain the attorney, attorney must respond to monthly status calls, you and the attorney agree to sign a lien insuring we will be paid from the proceeds of the settlement. If you need a referral to an attorney, please ask and we will provide a list of attorneys that specialize in personal injury cases. Ultimately, you are responsible for the total amount of the bill, the terms are explained in the lien agreement that you and your attorney are required to sign. We reserve the right to cancel the lien agreement at any time. In any case, once you are released from care we will wait only six months for payment. We reserve the right to charge a 5% service charge per month on the unpaid balance until settlement.
5. **Medicare:** I understand that my Medicare insurance policy covers 80% for spinal manipulation only. It does NOT cover examinations, radiographs (x-rays), or modalities. Therefore, I agree to be personally responsible for all non-covered services. I understand that this office must perform an initial evaluation in order to render manipulation under the Medicare agreement. I also understand that I am responsible for a yearly deductible and a co-insurance amount for covered services at the time those services are rendered.
6. **Missed Appointments/Cancellations:** We require 24 hours notice for missed or cancelled chiropractic and acupuncture appointments. There is a \$25.00 cancellation charge for missed or cancelled appointments with less than 24 hours notice. You will be billed directly for any cancellation charges.

**ACKNOWLEDGMENT AND UNDERSTANDING:** I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co-issued remittances for the conveyances of credit to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.

I also understand that if I suspend or terminate care and treatment, any fees for professional services rendered me will be immediately due and payable.

In the event that my account is forwarded to a collection agency, a charge of 35% of the ENTIRE balance will be applied for proper processing and settlement of the account. The collection agency also charges daily interest. There is a \$35 non-sufficient funds fee for returned checks in addition to what the bank charges for this office for

a non-sufficient funds returned check. We reserve the right to charge a 5% service charge per month on any unpaid balances beyond 60 days.

Please notify us in advance if there are any circumstances that prevent you from meeting these financial arrangements.

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Patient Signature

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Printed Name

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Date