

Financial Policy

1. It is the policy of this office that all services rendered are charged directly to you, the patient, and that ultimately the patient is responsible for all services, including those not reimbursed by third party payors.
2. You are considered to be a cash patient until our office “qualifies” your coverage to determine the extent of benefits under your policy. The privilege of insurance assignment begins when our office receives your insurance forms. (Claim Forms, etc.)
3. All deductible/co-payments are payable when service is rendered or at the end of each week. A \$200 co-payment balance must not be exceeded by any patient.
4. I understand that I am financially responsible for all charges whether paid or not paid by my insurance. Since we do not own your policy and occasionally we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying this situation.
5. This office does file for your secondary insurance coverage. If your secondary insurance does not cover the cost of your primary insurance co-pay, then you are responsible for that co-pay.
6. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately payable in full, regardless of any claims submitted.
7. Returned checks and balances over 30 days will be subject to interest at the maximum legal rate from that date until paid in full. Past due accounts will be sent to collections after 90 days. In the event that it becomes necessary to turn the account over to an attorney or agency for collection of any amount, the patient will be responsible for a reasonable collection fee and all cost of collection including court costs and attorney fees.
8. If your personal injury case is not settled and paid in full within 90 days of being released from care the balance will become immediately payable in full.
9. A fee of \$10.00 will be charged to patients who miss their appointment without notifying the office one hour prior to their scheduled appointment time.
10. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a doctor-patient relationship that works for our mutual benefit.
11. Xray Policy: Dr. Bradley’s chiropractic technique requires that he views the patient’s entire spine by xray. Insurance policies will only cover areas that are troublesome to the patient. Therefore, xrays unrelated to the diagnosis will be the patient’s responsibility and payment will be due at time of service.

I have read, understand & agree to the office and financial policies for Bradley Chiropractic, LLC.

Signed _____ Date _____

Witness _____ Date _____