

CARSON TAHOE CHIROPRACTIC FINANCIAL POLICY

Thank you for choosing Carson Tahoe Chiropractic as your chiropractic health care provider. The following is our financial policy. Please read and sign prior to your treatment.

Our practice is committed to providing the best treatment for our patients. Payment is due at the time of service unless other arrangements have been set up in advance. We accept cash, checks and all major credit and debit cards.

1. We are a provider for a few Insurance plans. We will bill your insurance, but the cost of your treatment is your responsibility regardless of any insurance companies arbitrary determination of usual and customary rates.
2. Unless appointments are cancelled 24 hours in advance, a \$60.00 missed appointment fee will be charged. Please help us serve you and other patients better by keeping scheduled appointments and informing our office of any changes in advance.
3. A finance charge of 1.5% per month (18% annually) will be charged on all account balances exceeding 60 days from the date of service, regardless of insurance being billed, as is provided by law. If the account is sent to Collections, the patient will be charged 50% of the outstanding balance due along with all attorney fees and court costs.
4. Assignment of benefits and power of attorney to cash checks: I, the undersigned, do hereby authorize payment made directly to the office stated at the top, the benefits of my coverage, if any, otherwise payable to me for services but not to exceed the customary charge for those services. If these payments are made out to me, I grant unto the office above as attorney the full power and authority in my name and stead to endorse any and all checks, drafts, or money orders. I hereby authorize the doctor to release all information necessary to secure payment of benefits.
5. I have read the above financial policy. I understand and agree to this financial policy.

Print Patient Name _____ Date _____

Signature of Responsible Party _____