CARSON TAHOE CHIROPRACTIC FINANCIAL POLICY

Thank you for choosing Carson Tahoe Chiropractic as your chiropractic health care provider. The following is our financial policy, which we require you to read prior to your treatment. The following conditions or regulations apply to care in our office:

1. PATIENTS MUST COMPLETE our information and insurance forms before seeing the doctor.
2. PAYMENT IS DUE AT THE TIME OF SERVICE unless other arrangements have been set up in advanced. We accept CASH, CHECKS, MAJOR CREDIT AND DEBIT CARDS.
3. REGARDING INSURANCE, we only accept State of Nevada and Hometown Health Insurance. The cost of your treatment is your responsibility whether the insurance company pays for treatment or not. Our practice is committed to providing the best treatment for our patients. You are responsible for payment regardless of any insurance companies arbitrary determination of unusual and customary rates. Furthermore, we cannot bill your insurance company unless you give us your correct insurance information and notify us of any changes. Your insurance policy is a contract between you and the insurance company.
4. ADULT PATIENTS are responsible for payment at the time of service. Your appointments are made in advance, so please be prepared to pay for the cost of treatment at the time of service.
5. MINOR PATIENTS – The adult accompanying a minor, parent or guardian, is responsible for the full payment at the time of service. Unaccompanied minors will be denied non-emergent care, unless charges and arrangements have been preauthorized by the office.
6. MISSED APPOINTMENTS – Unless cancelled at least 24 hours in advance, a $20.00 missed appointment fee will be charged to your account after the first warning. Please help us serve you and other patients better by keeping scheduled appointments and informing our office of any changes in advance.
7. FINANCE CHARGES – A service charge of 1.5% per month (18% annually) on the unpaid balance will be charged on all accounts exceeding 60 days from the date of the patient's visit, regardless of insurance being billed, as is provided by law. If the account is sent to Collections, the patient will be charged 40% of the outstanding balance due along with all attorney fees and court costs.
8. ASSIGNMENT OF BENEFITS AND POWER OF ATTORNEY TO CASH CHECKS – I, the undersigned, do herby authorize payment 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. A photocopy of this assignment shall be valid.

I have read the above Financial Policy. I understand and agree to this Financial Policy.

PRINT PATIENT NAME _____ DATE _____

SIGNATURE OF RESPONSIBLE PARTY _____