

Patriot Chiropractic Center

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OFFICE POLICY

We believe that a clear definition of our policies will allow both you the patient and us the doctors to concentrate on the big issue --- **REGAINING AND MAINTAINING YOUR HEALTH!!!**

APPOINTMENT POLICY

Multiple appointments have been given for your convenience, to minimize waiting and to facilitate incorporating these appointments into your daily routine. Regardless of how many appointments are scheduled for each week, please note that it is the frequency of visits that counts and not the days.

Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment within **7 days** of any cancellation. If you cannot give our office 24 hours' notice, or you miss an appointment without notifying the office, your account will be charged \$25.00

When entering the office on any given visit, please go directly to the front desk and sign in. We attempt to honor all appointments at the scheduled time. If you are late you may have to wait for the next available appointment. If there are any questions, please ask our staff members.

FINANCIAL POLICY

It is our office policy that all services rendered are charged directly to you the patient and that you are ultimately personally responsible for all payments regardless of whether or not this office accepts insurance assignment.

Patients with No Insurance

All payments are expected at the time of service. Patient balances may not exceed \$140 at any time or professional care may be terminated.

Patients with Insurance

Deductibles and all co-payments are expected at the time of service. Your co-pay and/or co-insurance payment is/are due on the day that you receive services.

Acupuncture Patients

All acupuncture services are on a cash-only basis. We do not participate in insurance submission for acupuncture; however, we can supply a receipt for personal submission.

Nutritional Patients

All nutritional services and nutritional products are on a cash-only basis. We do not participate in insurance submission for any nutritional services or nutritional products; however, we can supply a receipt for personal submission.

Returned Checks

As we are assessed a fee for returned checks due to insufficient funds, etc., a \$25.00 Returned Check Fee will be assessed to your account for any checks that are returned to our office.

Failure of Payment

Failure of payment on your account will result in a late charge of 12% per annum or the prevailing interest rate, whichever is greater, which will accrue monthly on your unpaid balance from the date that your account is 30 days past due. After 90 days of non-payment, your account will be considered delinquent and will be turned over to our attorney for collection. If your account is turned over for collection, you will then be responsible for all charges, court costs, and attorney's fees at 33 1/3%.

INSURANCE POLICY

It is the policy of this office to submit insurance claims only to insurance carriers for which we are providers. For our patients with other insurance carriers, we are happy to supply itemized statements for submission to your insurance carrier for reimbursement.

1. All deductible payments **MUST** be made prior to insurance submittal.
2. Our office will verify your insurance coverage in an effort to help you determine exactly what chiropractic coverage is available to you under your policy. **We cannot guarantee the accuracy of the information relayed to us by your insurance company, and in no way is this a guarantee of payment.**
3. All co-payments are payable when service is rendered. (Co-payment is that part of our service that is not paid by your insurance.)
4. Since some insurance policies require a referral from your primary physician and/or treatment pre-authorization, you should familiarize yourself with the particular provisions of **your** policy (some policies require a PCP referral or an authorization prior to your first appointment). We are happy to assist you in obtaining authorization for your course of treatment, and we do our best to help keep track of your authorized visits; however, you, the patient, are ultimately responsible for the adherence to **your** insurance company's policy and referral/authorization provisions.
5. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately due and payable in full by you, regardless of any claims submitted.
6. Many insurance companies, including insurance companies for which we are participating providers, will only cover treatment that **they** deem **medically necessary**. Payment for visits which the insurance company has determined to be not medically necessary is the direct responsibility of the patient. Some policies have a **pre-existing condition** clause. Visits for which the insurance company denies payment due to a pre-existing condition are the responsibility of the patient. When making a health care decision it is important to remember that you the patient are ultimately financially responsible for any services rendered.

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 welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.

Print Name _____ Signature _____ Date _____