



City Fit

Family Chiropractic Center LLC

FINANCIAL POLICY

We share the concern of our patients about the increasing cost of medical care. Our fees are comparable to the usual and customary charges made by like specialists in the area. These charges are based on cost, time and skill involved.

Patients without insurance coverage are requested to pay their charges at the time service is provided. Patients with insurance coverage are responsible for that portion of the estimated charges not covered by the insurance company. Cash, Visa or Mastercard may be used for payment. Please ask for an estimate of the charges at the time of your examination.

Our Policy on Insurance

Please remember that insurance estimates are based on information provided by you and your insurance company. The amount of insurance coverage is an estimate only and may not reflect what your insurance carrier will actually pay.

We will gladly discuss your treatment with you and answer any questions relating to your insurance. We will also assist you in collecting your insurance benefits, however, you must realize that:

1. Your insurance is a contract between you or your insurance beneficiary (usually a family member), your employer and the insurance company. We are not a party to that contract.
2. Not every service is a covered benefit with all insurance contracts. Some insurance companies are selective in what services they cover.
3. Services cannot be provided on the assumption that the charges will be paid by the insurance company, therefore, **the patient is responsible for the bill, regardless of insurance coverage.**

There is no interest or finance charge on current accounts. After 90 days, all accounts are subject to a Finance Charge of 1.75% of the unpaid balance (or a minimum charge of 50 cents), which is an Annual Percentage Rate (APR) of 21%.

If a payment from your insurance company results in a credit balance, a refund will be promptly sent to you.

Notice of Policy on Missed or Late Cancellation of Appointments

Our office requires 24 hours notice for cancellation/ rescheduling of all appointments. There will be a \$15.00 charge to the patient, for which they are personally responsible, for all appointments that are missed and not canceled 24 hours or more before the scheduled appointment time. Patients are eligible for one (1) excused absence without charge every six months, starting from the month the patient begins care. Excused absences are not banked and do not roll-over.

I hereby assign to Andrea L Herrst, DC and City Fit Family Chiropractic Center LLC, the insurance benefits which are otherwise payable to me for her charges and direct that insurance payments be made directly to the office. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as an original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize assignee to release all information necessary to secure payment.

Signature of Responsible Party: _____

Date: _____