



Financial Policy

Insurance Patients

Please note that your insurance coverage is a contract between you and your insurance company and that you are ultimately responsible for your bills at Synergy Chiropractic.

As a courtesy to our patients, Synergy Chiropractic will make every effort to verify chiropractic benefits. **Unfortunately, Synergy Chiropractic cannot guarantee that your insurance will pay benefits because insurance companies never guarantee payment until they review the claim.** Please realize that it is your responsibility to contact your employer or benefits office for details of personal coverage.

I understand that I am responsible for **all charges not covered by insurance** including, but not limited to: **all claims denied, unpaid due to deductibles, co-insurance/co-pay, out-of-network, and all charges denied from a completed review for medical necessity (eg. your insurance company does not feel that your condition is medically necessary).** I further understand Synergy Chiropractic will honor all discounts, fee schedules, and network participation pricing as per signed contract. Discounts assigned by organizations or insurances without a signed agreement with Synergy Chiropractic will become the patient's responsibility. I hereby authorize and assign directly to Synergy Chiropractic all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

All co-pays are due at the time of service.

I understand that if my health insurance does not include coverage for chiropractic, I will be required to pay at the time of service. I further understand that I have the right to establish a payment plan when costs exceed my ability to pay. Payment Plan Contracts are available at the front office.

Claims not paid by your insurance company after 60 days are the responsibility of the patient, or in the case of a minor the parent/guardian.

Missed Appointment Fee:

If a patient is a NO SHOW or does not make a courtesy call to notify our office of a cancellation, a \$39 fee will be charged. This fee will not be submitted to your insurance and must be paid before a new appointment is scheduled.

Past Due Accounts:

In the event your account is past due, a 1.5% late charge will be assessed on all invoices overdue 30 days and older.

Returned Checks:

There will be a fee of \$25 for any checks returned by your bank.

Cash Patients

Please note that you are ultimately responsible for your bills at Synergy Chiropractic.

Payment is always due at the time of service for any and all services and products, unless a Payment Plan Contract is filled out in advance.

I have read the above policy and understand the terms of payment for Synergy Chiropractic.

Patient Print Name

Patient Signature

Guardian / Patient Representative Print Name

Guardian / Patient Representative Signature

Relationship to Patient

Date

