
Atlas Chiropractic of Raleigh - Patient Financial Policy

We understand that the cost of healthcare is a key concern for our patients. Although patient care is our main priority, we hope that you will assist us by understanding your responsibility as it relates to our Office Patient Financial Policy. If you have any questions regarding this policy, a member of our staff will be glad to assist you.

Full payment is due at the time services are rendered. We accept cash, personal checks and major credit cards as forms of payment. All insurance checks and payments will be assigned to our office. If you mistakenly receive an insurance check in your mail, please bring the insurance check and all attached paperwork to our office so that we may properly credit your account. As a courtesy, payment plans are available for you and your family. We understand the higher costs of healthcare, so we will customize a payment plan that will fit your budget. If your situation requires special consideration, please let us know.

Regarding Insurance

Your insurance is a contract between you and your insurance company. **We are not a party to that contract.** Our office does not participate with any insurance carriers. As a courtesy, we will file your claim electronically to your insurance company. Please be aware that some, and perhaps all, of the services provided may be non-covered services according to your insurance plan and you will be 100% responsible for these charges. We must have current insurance information in order to meet claims submission guidelines set by your insurance plan. We cannot be held responsible if you fail to provide current and accurate information.

It is your responsibility to:

- Know your benefit coverage, as well as your dependents, prior to receiving any services
- Know if we actively participate with your insurance carrier
- Ensure that all pre-approval requirements are met to avoid denials of out-of-network benefits

Missed Appointments

Unless canceled at least 24 hours in advance or filled by another patient, our policy is to charge \$50.00 per missed appointment. We will not file, nor will insurance plans pay for, this charge so please help us serve you and our other patients better by keeping scheduled appointments or canceling in advance. In order to comply with your recommended care plan, it is advised to reschedule any missed appointments within 24 hours of your original appointment time.

Collections of Past Due Balances

Any past due balance not paid **within 90 days** will be reported to the credit bureau and turned over to an attorney or agency for collections. You will be responsible for all charges related to this collection process. Please keep your account current to avoid any action or blemish on your credit history.

Privacy Policy Summary

If requested, I have been provided with a copy of the Notice of Privacy Practices for Atlas Chiropractic & Wellness Center, PA (DBA Atlas Chiropractic of Raleigh, herein referred to as Atlas) and I understood this document prior to signing below. Atlas reserves the right to change the privacy practices that are described herein. The current Notice of Privacy Practices is posted in the reception area and a paper copy is available to me at the Front Desk. I may obtain a revised Notice of Privacy Practices by requesting a revised copy to be sent in the mail or handed to me at my next appointment.

Thank You for Your Understanding

I have read, understand and agree to this Patient Financial Policy and the Notice of Privacy Practices in its entirety.

X _____
Signature of Patient or Responsible Party

Date _____