



Verne Chiropractic Clinic, PA  
467 Lake Howell Road, Suite 204, Maitland, FL 32751  
Office (407) 657-2225 Fax (407) 657-2220

## FINANCIAL POLICY

**Welcome!** Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible chiropractic care. Your clear understanding of our practice financial policy is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of the services we provide. Payment of your bill is considered part of your overall treatment. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

- **Payment is due at the time of service:** Cash, check, or credit card will be accepted for office services, deductibles, co-pays, and co-insurances. We accept Visa, Mastercard and Discover. If requested, an itemized copy of services provided will be given to you.
- **Charges for Services:** Our charges are the same for all payors, unless otherwise limited by state or federal regulations or a network contract.
- **Primary Insurance:** Verne Chiropractic Clinic, PA will file your charges with any health plans that are in network. We currently accept United Health Care and all Automobile Insurance carriers. Non-participating plans can be verified for out of network benefits. The patient is responsible for fees at the time of service.
- **Co-pays, Deductibles, and Co-Insurances:** Please note we only file for your insurance's share of services provided. The patient's share of co-pays, deductible, and co-insurances are due at the time of service.
- **Discounts:** The patient acknowledges that any fees discounted at the time of service are not VCCs usual & customary fees. As such, patient understands that these fees will only be offered for as long as the patient is directly paying VCC for the services and no third party insurance is being billed for payment by VCC. We also offer a 15% discount for Eastbrook Elementary and Partin Elementary teachers for cash patients when no third party insurance is billed by VCC.
- **Charges for No-Show Appointments:** The following fees will apply for 'no-show' appointments: Cancellation Notice (24 hours), unless otherwise specified a \$25.00 service fee will apply and to be paid before next appointment.
- **Charges for Returned Checks:** An administrative fee of \$20.00 will be charged for each returned check.
- **Statements:** Verne Chiropractic Clinic, PA does not process statements for balances less than \$100.00. Patient Registration will collect the balance at your next appointment.
- **Collections:** If no payment is received within the 3<sup>rd</sup> statement (90 days), your account may be referred to collections.
- **Payment Plans:** We offer payment plans for easier payment processing. If a payment option is elected Patient agrees to adhere to the payment plan policy set forth by Verne Chiropractic Clinic, PA.
- If you have any questions concerning our Financial Policy or fees, or if you are having difficulty with making payment, please request to speak to our office manager before signing below.

My signature below certifies that I have read, understand and agree to the terms of the Financial Policy listed above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PT ID: \_\_\_\_\_