

## **Financial Policy**

Thank you for choosing Cutitta Chiropractic as your chiropractor. We are committed to providing you with the highest quality of care at competitive prices. In order for us to continue to do this, it is very important that you review the Financial Policy that all patients are required to read and sign prior to their treatment.

**New Patient Health History Form** - Please provide all of the information requested on the Health History Form. Some of this information will help ensure correct billing to your insurance carrier. Some will allow us to contact you in the unlikely event that your appointment needs to be canceled. It is your responsibility to inform us immediately if any of this information changes. It is particularly important that you notify us of any changes in your insurance coverage. If you do not do so, we may not be able to obtain authorizations or file claims within your insurance company's timely filing deadlines. In that event, any unpaid fees will become your responsibility.

**Insurance Plans** - We participate with most insurance plans and we will make sure to check with yours and tell you exactly what is covered. In some cases, insurance companies require preauthorization prior to your seeking treatment, which we will take care of as well.

**Billing Your Insurance** - If we are participating providers for your insurance plan, we will bill the insurance company for you. If we are not, or if you do not have insurance, you will be expected to pay for your services in full at the time of your visit. We accept cash, checks, or credit card payments. There is a \$25 fee for returned checks.

**Payment Plans** – We offer limited payment plan options. We also accept Care Credit and can help you with applications for it. See the Office Manager for more details.

**Account Responsibility** - It is our policy to bill the patient or patient's guarantor for any balances left on the account. If the responsible party fails to make timely payments on the account, we reserve the right to discontinue treatment. If you do not have insurance, you are personally responsible for your own debt and payment is expected at the time of service. In the case of minor patients, the adult signing this form is responsible for all patient balances, including payments due at the time of service.

**Appointment Responsibility** - If you need to change your appointment, we require at least 24 business hours' notice to avoid a charge. The charge for a missed appointment or late cancellation is up to our full fee for the service that was scheduled. This charge will be due prior to the next scheduled appointment or upon receipt of an invoice, whichever is sooner.

**Late Policy** – If you are five or more minutes late, we leave it to the massage therapist's discretion as to whether or not they are able to complete the full massage. If it is not possible, then the appointment may be considered a missed appointment and the missed appointment fee may apply.

