

**Financial Policy of
Wilkinson Clinic of Chiropractic**

Explanation of Insurance Coverage: By signing below, you are stating that you understand that this office does not make any representations that your insurance provider will cover the cost of your care. Insurance policies vary greatly and it is your responsibility to check with your insurance provider regarding coverage for treatment *prior* to initiating the services of this clinic. Patient insurance is a contract between the patient and their insurance provider, not Wilkinson Clinic of Chiropractic or its employees. This office will do our best to file your insurance information and bill your insurance company in a timely manner. It is the further agreement between the undersigned and Wilkinson Clinic of Chiropractic as follows:

- It is our office policy that payment for services rendered is ultimately the responsibility of the patient, whether you have third party assistance with your financial obligation or are a self-pay patient. We are happy to extend a payment plan to you so that you can follow through with all the care you may require.
- Unless agreed to in writing, all payment for treatments, deductibles, and co-payments are due at the time of service. If we participate in your plan, you will not encounter balance billing above the stated fee schedule. If we do not participate, we will work with you to determine the amount of coverage and help estimate your responsibility.
- Wilkinson Clinic of Chiropractic will make reasonable attempts to collect payment from your insurance provider on your behalf, but any unpaid balances will be your responsibility.
- If your insurance has not paid on an assigned bill within 30 days, you will be notified. Since we do not own your policy, we ask that you stay in communication with our office and take action with your insurance company at that time. If it remains unpaid within 90 days, the balance becomes due and payable immediately and your assignment is revoked.
- For your convenience, this office accepts cash, checks, and the following credit cards: Visa, MasterCard, American Express, and Discover.
- Should payment be refused by your bank for any check written, this office will charge a fee of \$25 to offset the charges we will incur as a result of the returned check.
- Should you discontinue care for any reason, other than discharge by the doctor, any and all balances will become due and payable at that time. If you are on a predetermined payment plan, that plan will continue to be in effect until your balance is zero.
- *This office does not turn away any patient due to their ability to pay. If you feel you might qualify for our financial hardship policy, notify the office immediately so we can begin your qualification process.*

Collection Notice: A penalty of 50% of the unpaid balance will be assessed against undersigned in addition to any balance due and owing if full payment is not received within 90 days of notice of balance due.

Waiver: That no assent, express or implied, by Wilkinson Clinic of Chiropractic, to any breach of any of the agreed upon terms, shall be deemed to be a waiver of any succeeding breach of the same covenant.

Default: If your account is more than 90 days past due, this office reserves the right to pursue any legal remedies at law or in equity and the prevailing party shall be entitled to collect reasonable attorney's fees and costs from the losing party.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Guardian Name (Print): _____

Guardian Signature: _____