

Billing Policy

We would like to thank you in choosing Patterson Chiropractic for your healthcare. Your insurance policy is a contract between you and your insurance provider. As a service to all of our patients, we will work alongside you by sending claims to your insurance provider. We will work together by minimizing issues of payment delays and misunderstanding. However, ***you are responsible for any payment not covered by your benefit plan.*** It is the patients

responsibility to update and to inform our office of any changes to his or her insurance.

Professional services are rendered to the patient, not an insurance company. Since every insurance plan is different, please be sure to check *your coverage* and ask questions before services are rendered. Your insurance can deny payment *after* services and procedures are performed. In these cases, the patient is then responsible for all procedures performed by Dr. Mark Patterson and staff here at Patterson Chiropractic. To avoid such situations, we advise you

to be aware of your insurance benefits and individual plan. If you are a participant in an insurance program that we accept, you are expected to pay your co-payment at each visit.

Failure to do so can result in action by your insurance carrier. Please review any Explanation of Benefits when you receive them and if you have any questions contact your insurance provider. As a courtesy, our office also files claims to carriers with whom we do not participate. Payments

by the insurance carriers may be sent directly to the patient instead of our office. ***It is the responsibility of the patient to remit payment to our office at the time of service in these cases.***

Self-pay patients are given a courtesy discount if they pay the entire amount due at the time of service. We understand that this may not be possible in every case. When necessary, a payment plan for the full amount can be arranged--***in advance***-- by speaking with our office. Workman's

compensation is also filed as a courtesy to our patients. If a claim is denied, unsettled, or unpaid within 60 days, we request that you file a personal claim and pay the bill in full. In all legal matters, the patient is responsible for payment.

I have read, or have been read, the above statement. By signing below, I hereby agree to the above terms and conditions regarding Patterson Chiropractic's Insurance Policy.



Patient Name: _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Provider Address: _____
