



Insurance Coverage Financial Policy

It is our office's policy to collect for services as they are rendered.

If charges for services are covered by insurance, we will submit a claim for benefits upon receipt of necessary information from you. After insurance has been verified and deductible has been met, you can then pay your percentage or co-pay.

Assignment, Authorization and Policy Statement

I hereby assign benefits to Pickens Family Chiropractic, LLC and I declare that I am eligible to receive care rendered by Pickens Family Chiropractic, LLC.

I authorize the office to release any information to any insurance company, adjuster, or attorney that will assist in the payment of claims.

- ❖ I fully understand and agree that insurance policies are a contract between an insurance company and myself – **NOT** between an insurance company and Pickens Family Chiropractic, LLC. Therefore, I realize that I am fully responsible for any expenses not paid for by my insurance company. I also agree that should my insurance company not pay within six (6) weeks of services rendered, I will pay my account in full.
- ❖ **By signing this document, I am taking full responsibility for payment of services I receive at Pickens Family Chiropractic, LLC.**
- ❖ Furthermore, I agree that if I do not abide by the financial policies stated above, my account will be turned over to your collections agency with a 45% collection fee at my expense.

All information that I have provided Pickens Family Chiropractic, LLC including all information provided on my Chiropractic Intake Form as well as any additional insurance information is correct. I understand that you will retain this Chiropractic Intake Form in my file.

Patient Signature _____ Date _____

Employee Witness _____

If you have any questions regarding our policies, please let us know.
We want to assist you in any way we can.