

Coastline Chiropractic & Therapy Center
9535 Reseda Blvd. Suite 301,
Northridge, California 91324
818-718-1975

OFFICE POLICY ON PATIENT FINANCIAL RESPONSIBILITY

In order to accommodate the needs and requests of our patients, we have enrolled in numerous insurance plans.

While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and, even more importantly, where and by whom these services can be performed.

Even within the same insurance company, the plans may differ depending on what type of contract your employer or group has negotiated.

Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within the guidelines of your insurance contract if you let us know at each time of service exactly what those guidelines are.

Unfortunately, if you do not inform us of any special requirements in your contract, and we subsequently order services such as x-rays, physiotherapy, chiropractic manipulation, ultra sound, and massage that are not covered by the selected provider by your plan, we have no choice but to bill you directly for those charges. Payment for those services is solely your responsibility. In other words, it is your responsibility to understand your insurance coverage thoroughly to avoid any financial burden to you that may arise from these situations.

With your cooperation and help, you should be able to receive all the benefits afforded to you, and we will be able to concentrate on caring for your medical needs. To enable us to keep fees to a minimum by eliminating unnecessary cost, we require that all cash services be paid for at the time services are rendered, unless prior arrangements have been made with our office.

There will be a charge of \$25.00 for all returned checks.

If you cancel a ½ hour or 1 hour massage appointment less than 24 hours in advance there will be a \$30 missed appointment fee.

I understand that any amount due and owing over 30 days may accrue interest and finance charges.

If you are sent to collections, you may be discharged from the practice. If we are listed in a bankruptcy and have to write off fees, you may be dismissed from the practice or may only be seen on a cash-paying basis.

I, the undersigned, hereby agree to the office financial policy as stated above, and agree furthermore that in the event of default in the payment of any amount due, if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

It is agreed and understood that payment by the responsible party will not be delayed or withheld because of any insurance coverage or the pendency of claims.

SIGNATURE

DATE