

Patient Payment Policy

We encourage you to call your insurance company or look in your benefits booklet to verify your benefits

Thank you for choosing Wilkens Chiropractic! We are committed to your medical treatment and care. Please understand that payment of your bills is part of this treatment and care.

Payment for care is the patient's responsibility. As a courtesy, we will bill your insurance company for your care. Any unpaid balance is to be promptly paid by the patient. Keeping track of benefits utilization of limits to care is the patient's responsibility.

It is Wilkens Chiropractic policy to charge a \$25 missed appointment fee if cancellations are made less than 24 hours in advance. A missed appointment prevents another client from receiving care during that time.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below:

Office Visits and Office Services

If You Have	You Are Responsible For	Our Staff Will
PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> all applicable copays/deductibles are requested at the time of the office visit	File an insurance claim. Any unpaid balance after 45 days will become your responsibility.
Commercial Insurance Also known as indemnity, "regular" insurance or "80%/20%"	Payment of the patient responsibility for all office visits and other charges at the time of office visit	File an insurance claim as a courtesy to you. Any unpaid balance after 45 days will become your responsibility.
No Insurance/Self Pay	\$50.00 Deposit due at time of service plus payment for services exceeding the deposit amount.	Work with you to settle your account
Point of Service Plan or Out Of Network PPO	\$50.00 Deposit due at time of service. You will be billed for services exceeding the deposit amount.	File an insurance claim as a courtesy to you. Any unpaid balance after 45 days will become your responsibility.
An FSA/HSA account	Payment for all office visits and other charges at the time of office visit	Provide the necessary information for you to complete/file your claim directly w/ the insurance company
Worker's Compensation,	Verified claim with your carrier then no payment is due at time of visit	File an insurance claim as a courtesy to you. Any unpaid balance after 45 days will become your responsibility.

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize Wilkens Chiropractic to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

_____ **Date**

_____ **Signature**

_____ **Printed Name**