CHIROPRACTIC TREATMENT AND FINANCIAL RESPONSIBILITIES

A Treatment Plan will be prepared for you, dealing with your specific chiropractic needs as well as the related estimated costs of that treatment. HEALING HANDS CHIROPRACTIC AND WELLNESS CENTER is a fee for service chiropractic office, and payment or insurance co-payments are due as services are rendered, We are sensitive to the fact that some patients may require alternative payment options, and therefore, we accept the following:

1) Cash or Check
2) Visa or MasterCard
3) Discover or American Express

Also, if we provide services on a lien for an automobile accident OR slip and fall that you have been involved in, it is still your responsibility that the full balance is paid to us, or you are responsible for the balance.

I understand that I am financially responsible for all charges, whether or not paid by my insurance. I am aware that some, and perhaps all, of the services provided may not be covered under insurance. I hereby instruct my insurance to direct payment, as well as reimburse checks under my name to be mailed directly to: HEALING HANDS CHIROPRACTIC AND WELLNESS CENTER. I am also aware that verification of insurance benefits is not a guarantee of payment. I authorize the use of this signature on all insurance submissions.

REGARDING CHIROPRACTIC INSURANCE

There are many types of medical insurance. Some of them are considered great to work with and allow the chiropractor to decide which treatment options are best for you. Others are very difficult to deal with, and ask the chiropractor to make compromises in his/her care, thus preventing the chiropractor from providing the highest quality of chiropractic care for you. This office is not willing to allow insurance companies to influence our standard of care, so there are insurances that we are willing to bill for our patients and there are others we will not. If you have chiropractic insurance, whether it is one we will bill or one we will not, our team is able to help you optimize your insurance benefits. We ask that you pay any deductible and estimated patient portion for all covered and non-covered services as they are rendered. Please utilize one of the payment options listed above.

Please be aware that we are only able to estimate what your insurance coverage may be, and that the actual patient portion may be more than expected. The responsible party is still responsible for the entire amount. All balances, which remain over 45 days, are subject to a 1.5% monthly finance charge.

APPOINTMENTS

Appointment times are reserved especially for you. If you must change your appointment time, we ask that you please notify us immediately. If a pattern of late cancellations or no-shows develops, you may be subject to a $20.00 charge for each missed appointment.

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Signature of Responsible Party/Parent   Date

Healing Hands Chiropractic and Wellness Center

155 Eagle's Walk, Suite F

Stockbridge, Georgia 30281

Tel: (770) 389-4325

Fax: (770) 389-4328