

## LAKEPOINT CHIROPRACTIC & MASSAGE CENTER

Welcome to our office! We are happy for the opportunity to receive you as a new patient. Please feel free to ask any questions about your total health care at any time. And if you have any suggestions or encounter any problems with your visits, please let us know.

**PAYMENT POLICY:** Our payment policy is CASH, CHECK, and VISA OR MASTERCARD, paid at the time of each visit. If you have Major Medical Insurance and your policy covers chiropractic care we will be happy to process your insurance claim as long as you provide us with the necessary information: group member card, policy number, and verification of coverage. You are expected to pay for your first visit in full at the time the services are rendered. Depending on your condition as determined by the Doctor, your charges today could range from \$125.00 to \$250.00.

Payment is expected from you every visit until we receive all insurance information and your deductible has been satisfied. Once your deductible has been satisfied and coverage has been verified you will be expected to pay only your copay at the time of each visit. Any credit balance after your insurance has paid us will be credited to your account or reimbursed to you by check. **IF FOR ANY REASON YOUR INSURANCE REFUSES TO PAY FOR ANY OF YOUR CHARGES, IT IS AGREED THAT YOU ARE RESPONSIBLE FOR ANY UNPAID BALANCE.**

If your problems are the result of an Auto Accident, please inform the front desk assistant. Due to new laws regarding auto insurance you may not have coverage for payment of medical services. In this case payment will be expected at the time of each visit. If you have Med-Pay coverage you will need to bring your insurance information including claim number and claims mailing address and adjusters name and telephone number. Upon verification of Med-Pay coverage we may be able to bill your auto carrier directly.

If your problems are the result of a Work Related Injury, please speak with the front desk assistant prior to any consultation with the doctor. State law is specific on how we must direct bill our charges if we are to direct bill 100% of your charges.

**24 HOURS NOTICE IS REQUIRED FOR CANCELLATION OF MASSAGE APPOINTMENTS. YOU MAY BE CHARGED FOR THE APPOINTMENT IF YOU DO NOT SHOW UP OR CANCEL WITHOUT SUFFICIENT NOTICE.**

The Patient/Guardian has read and understood the payment agreement: payment is expected at the time of each office visit unless your case is covered by Auto Insurance or Worker's Comp Insurance. If for any reason your insurance company refuses payment you will be responsible for any unpaid balance.

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SIGNATURE

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DATE