

Osborne Family Chiropractic **FINANCIAL POLICY**

Our goal is to make your visits with us as smooth and efficient as possible. We strive to help all of our patients with any questions they have regarding their financial obligation. Lora is the Office Manager, and Renee is our Billing Specialist, and they will assist you with any questions you may have regarding your insurance billing or payment requirements.

Our providers are *In Network* with Blue Cross Blue Shield and Medicare. We can bill most other companies, but we are restricted from billing a company that is contracted with a managed care organization (no HMO's).

As a courtesy to our patients we verify insurance benefits, however quotes are not a guarantee of payment. Your health insurance plan is a contract between you and your health plan. Please understand that our office cannot accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. The ultimate responsibility for payment for services is with you. If you have questions regarding your benefits or coverage, please call your insurance company.

Please come prepared to pay any co-pays, co-insurance, or deductibles at the time of your visit. Please be aware there is a possibility that some or perhaps all of your services may be non-covered or may not be considered medically necessary.

Your insurance carrier will be billed as a courtesy to you. If the insurance carrier fails to pay within a reasonable period of time, (which usually is around 45 days) we will transfer the responsibility to you.

In the event you are treated for an automobile accident injury we will bill the appropriate carriers for you after we have received all the appropriate billing information.

We charge a \$15 fee on all missed appointments. Please call 24 hours prior to your appointment if you cannot make your scheduled time to avoid the charge. We cannot bill your insurance for this fee.

Special arrangements may be made for patients needing financial assistance. We understand that financial problems arise from time to time. If you need to arrange a payment plan please let us know and we can assist you in arranging a plan that will allow you to receive (or continue) your treatment.

Please feel free to ask if you have any questions regarding this policy.

I have read, understand and agree to this Financial Policy.

X _____

Signature of Responsible Party

Date

Please print name