Craft Chiropractic
Creating Wellness Centers, P.C.

Office Policy

So that you will be aware of our office policy, please read the following information carefully. By executing this agreement, you are agreeing to pay for all services that are rendered. If at any time you have questions, please feel free to discuss the matter with any member of the staff.

MONTHLY STATEMENT

If you have a balance on your account, we will send you a monthly statement. Please make sure to pay any balances before they are over 30 days, after which they will be considered past due and a $3.00 service charge will be added.

PAYMENT OPTIONS IF YOU HAVE NO INSURANCE

1. Payment is due at time of service unless other arrangements are made.
2. Payment options are available such as cash, check or credit card.
3. For all products, payment is due at time of purchase.

PAYMENT OPTIONS IF YOU HAVE INSURANCE

1. Payment is due at time of service for your deductible and/or co-pay unless other arrangements are made.
2. Payment options are available such as cash, check or credit card.
3. For all products, payment is due at time of purchase.

INSURANCE

Insurance is a contract between you and your insurance company. We are not a party to this contract. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company will pay, it is the insurance company that makes the final determination of your coverage. You agree to pay any portion of the charges not covered by insurance, including deductible, co-payments and any service rejected by your insurance company. If your insurance company continuously denies payment on a claim, it will become your responsibility to contact them**.** **INITIALS** _____

RETURNED CHECKS

There is currently a $20.00 fee for any checks returned by the bank for non-sufficient funds.

CHIROPRACTIC APPOINTMENTS

- Most of our patients are seen by appointment only, except in emergency situations.
- While we try to accommodate walk-ins, we prefer our patients to schedule appointments to minimize waiting. Scheduled appointments are taken ahead of walk-ins.
- If you are unable to keep a scheduled appointment, we ask that you please notify us as soon as possible. Should an emergency arrise, please call to let us know that you will not be keeping your appointment.
- For those who consistently miss appointments without notice, there will be a $10.00 missed appointment fee.

MASSAGE APPOINTMENTS

- Our office requires at least 4 hours notice if you are canceling or rescheduling your appointment.
- A fee equal to half of the price for the time scheduled will be charged for missed appointments.
- This fee is not covered by insurance.

DIVORCE

In case of divorce or separation, the party responsible for the account would be the parent authorizing treatment for the child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent**.** **INITIALS** _____

PAPERWORK

We are happy to fill out papers that are directly related to time off work due to and injury or illness for your place of employment at no charge. Paperwork that is done for loan payments or insurance policies that reimburse the patient are done at a fee of $15.00. There is also a three day notice requirement for all paperwork and insurance forms.

EMERGENCY CALLS

Emergency visits, after hour visits, or weekend visits will be charged at a fee of $66.00

TREATMENT OF MINOR

A parent must be present on the initial visit for a child under 18 to be treated. As consenting adult, you agree to assume all financial responsibilities for treatment. We strongly encourage you to be available for future appointments in order to be advised of all procedures and charges that will be involved.

FAMILY PLAN

For those who do not have insurance coverage or who have reached their maximum policy limits, we offer a variety of affordable payment options that will allow your entire family to receive chiropractic care. Please inquire about affordable wellness care.

CONSULATION

At times, it is necessary to set aside additional time for a patient to discuss with the doctor such things as blood test results, nutritional supplements, x-rays taken at other facilities or test results, etc. These consultations will be billed at $30.00 for each ten minutes spent.

X-RAY

It is understood and agreed the amount paid to the Doctor for imaging is for examination and interpretation only and the negatives will remain the property of this office, being on file where they may be viewed.

RELEASE OF INFORMATION

I authorize Craft Chiropractic Centers, PC to release any information pertinent to my case to any insurance company adjustor, and attorney involved in this case; and hereby release Craft Chiropractic Center, PC of any consequence thereof. **INITIALS** _____

STATEMENT OF ACCEPTANCE

I hereby state that I have read and understand the office policy of Craft Chiropractic Centers and will abide by these conditions to the best of my ability.

CONSENT

I hereby authorize the doctor to examine and treat my condition as he/she deems appropriate through the use of Chiropractic Health Care, and I give authority for these procedures to be performed.

Patient Signature _____ **Date** _____

Or Guardian _____ **Date** _____

Guardian's printed name _____**Relationship to patient** _____