

Copper Canyon Chiropractic

James Skabo, D.C.

1650 N. Dysart Rd., Suite # 1

Goodyear, AZ 85338

INSURANCE ASSIGNMENT AND FINANCIAL POLICY

Please read and sign this statement before we agree to accept assignment of benefits directly from your insurance company. The intentions of this policy are in hopes of avoiding any misunderstandings and facilitate the processing of your insurance claim in a timely manner.

PAYMENT POLICY

Medicare: We are participating providers of the Medicare program. We will accept assignment of all claims. Patients are responsible for meeting their annual deductible and coinsurance responsibilities. We do file with secondary /supplement carriers as a courtesy to our patients.

HMO, PPO or other managed care patients: You will be responsible for paying your annual deductible, co-payment and charges for any non -covered procedure at time of service. Patients without the required referral from your PCP at the time of appointment will be asked to reschedule. If you prefer to be seen without the required referral, payment will be due at time of service.

Commercial patients: Patients who are covered by private, commercial plans, in which our physician is not contracted, are responsible for all fees. The balance left after payment from your insurance will be billed to you.

CANCELLATION POLICY

I understand and agree that I will give 24 hours notice if I am unable to make a scheduled appointment. A charge of \$30.00 will be assessed to my account for missed or broken appointments without 24 hours notice.

I understand and agree to pay all finance charges, collection cost of the balance due, attorney fees and other cost that may be incurred to enforce collection of any out standing amounts.

INSUFFICIENT FUNDS POLICY

I understand and agree that if a check is returned for insufficient funds, the office will only accept cash or credit card payment thereafter, and will be obligated to pay a returned check fee of \$30.00.

Signature _____ Date _____

Staff Signature _____ Date _____