

Johnson Chiropractic
427 East Ft. Wayne St.
Warsaw, IN 46580
(574) 268-0787

FINANCIAL AGREEMENT

Patient Name: _____

The purpose of this agreement is to clarify your financial responsibilities in consideration for chiropractic services so we can devote our efforts to helping you get the best results in the shortest amount of time.

Special Arrangements

It has always been our aim to provide the benefits of chiropractic care to patients who have an inability to make immediate payment of incurred fees. If financial hardship necessitates an Individual Consideration Contract, we will strive to make appropriate arrangements for deferred payment. It is the patient's responsibility to notify us of any financial hardship by initialing one of the following options:

_____ I have a financial hardship and hereby request an Individual Consideration Contract, with payment to be made as follows: _____

_____ I do not have a financial hardship and, therefore, do not request an Individual Consideration Contract. I agree to make full payment at the time of service as provided in this Agreement.

Forms of Payment

Unless otherwise agreed and provided under Special Arrangements, above, patients are responsible for payment at the time of service. We accept cash, personal checks, Visa and MasterCard.

Insurance/Third Party

All professional services are rendered and charged to the patient receiving care and *not* to an insurance provider. We will supply statements, reports, or other documents to help you receive reimbursement from an involved third party. We will not become involved in disputes with your insurance company or attorney regarding deductibles, co-payments, covered charges, secondary insurance, "unusual and customary" charges, "medical necessity", etc., other than to supply factual information.

Billing

Any outstanding balances are billed monthly and considered past due 10 days after the invoice date or when Special Arrangements, above, are not met. Returned checks are subject to a \$20 fee. Balances older than 30 days will accrue interest charges of 1.5% per month.

24 Hour Notice

Due to the scheduling needs of our patients, we implement a \$10 fee for missed appointments without a 24 hour cancellation notice.

Legal Fees and Costs of Collection

In addition to all provisions and remedies set forth under Billing, above, the Patient promises and agrees to pay any and all costs of collection, including court costs and all reasonable attorney fees, incurred by Johnson Chiropractic in the event it becomes necessary to institute proceedings for the collection of past due balances.

Patient Agreement

I have read, understood, agreed to, and received a copy of this Agreement.

Questions?

Please let us know if your ability to comply with these provisions changes.

Patient/Responsible Party Date

Office Representative Date