

## Financial Policy

Thank you for choosing Chiropractic/Naturopathic health care as an aid in maintaining your health. We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. The following is a statement of our policy, which we require that you read, agree to, and sign prior to any treatment.

- All supplies, vitamins, and labwork are to be paid at time of purchase.
- All patients without insurance coverage will be expected to pay for services, supplies and labwork each visit.
- All co-pays and percentages will be paid each visit.
- Balances outstanding for longer than 90 days with no payment arrangements will be sent to a collections agency.
- If we are your Primary Care Provider and you need a referral to see another Provider, you must obtain your referral prior to your first appointment with the referred Provider. Referrals cannot be backdated.

*Please note:* You are responsible for knowing the terms and policies of your insurance. This includes knowing if and when a referral to our office is needed and which conditions are excluded from coverage. There are certain tests and treatments that are within the scope of Naturopathic practice, but are not covered by insurance. You will be required to pay for these services up front and will be given receipts for tax purposes or submitting to insurance for possible reimbursement.

WE RESERVE THE RIGHT TO CHARGE FOR MISSED OR CANCELLED APPOINTMENTS WITHOUT 24 HOUR NOTIFICATION. Charges for missed or cancelled appointments will NOT be billed to your insurance company. They are YOUR responsibility and will be due and payable upon receipt of the bill.

Thank you for understanding our financial policy. Please let us know if you have any concerns or questions.

Please sign and date below.

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Signature of responsible party

Date