Active Performance Chiropractic

Sports Injury and Rehabilitation Specialists
3 North River Street, Plains, PA 18705
Phone: 866-793-9788 Fax: 877-587-4487
www.activeperformancechiropractic.com

Billing Policies and Patient Responsibility

Important Information Please Read

- **Insurance verification is not a guarantee of payment.** Verification is only a quote of patient benefits. Charges not covered by insurance are the patient's responsibility and due within 30 days of billing. **After 30 days, it is the clinic's policy to turn unpaid accounts over to a collections agency.**

- If insurance verification is not established prior to treatment; it is **our policy to collect a $50 deposit for that date of service**. After insurance benefits are verified, the appropriate amount will be credited to your account, if applicable.

- **It is our policy to collect all fees at the time of service**. Deductibles, Co-payments, and Co-insurances are the patient's responsibility and will be collected at the time of service.

- For patients without chiropractic insurance benefits, our office fee for an initial examination and treatment is $100. Routine treatment visits are $50.

- It is our policy to collect **$25.00** for checks that are returned to us.

- If you are unable to keep an appointment, please give 24-hours notice. There will be a **$25 charge** added to your account after the second missed appointment without proper cancellation notice.

- By signing below, the patient acknowledges that he/she understands and will comply with our financial policies.

Signature of Patient: _____ Date:_____

Patient's Copy (Please detach and keep for your records.)

*Please sign both copies.

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Signature of Patient: _____ Date:_____

Office Copy

*Please sign both copies.