

HOGAN CHIROPRACTIC SERVICES

OUR FINANCIAL POLICY

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. Please ask if you have any questions about our fees, Financial Policy, and your responsibilities.

Full payment is expected at the time of service, unless prior arrangements have been made. We will accept a check, cash or credit card.

UNACCOMPANIED MINORS

The parents (or guardians) are responsible for payment at the time of service.

REGARDING INSURANCE

If you have insurance, we will do our best to help you receive your maximum benefits.

Presently we only accept MEDICARE.

Since we do not accept insurance, you will be responsible for any fees. But in an effort to help you collect your benefits, if you do have insurance that covers Chiropractic care, we will give you a statement with all of the necessary information on it so you can submit it for reimbursement.

Insurance is a contract between you and your insurance company. We are not a party to this contract, in most cases. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding **deductibles, copayments, covered charges, secondary insurance, “usual and customary” charges, etc.**, other than to supply factual information as necessary. **You are responsible for timely payment of your account.**

NEW PATIENT INFORMATION

We will call to confirm the scheduled new patient appointment at least 24 hours in advance. If the patient is not able to be contacted, we ask that you, the patient, contact our office at 664-5281, and leave a message confirming or canceling the appointment. If the appointment is not confirmed or canceled, it will be filled that day on a priority basis, and billed at the rate of a normal new patient visit.

MISSED APPOINTMENT

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY. PLEASE LET NANCY KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.

RESPONSIBLE PARTY SIGNATURE: _____

DATE: ___ / ___ / ___