

# FUNCTIONAL HEALTH AND SPORTS CHIROPRACTIC PAYMENT POLICY

## Financial Responsibility

Payment for all chiropractic procedures are due at the time of service unless other arrangements have been made in advance. If a patient does not have insurance, or if the patient's insurance carrier is not in network with Functional Health and Chiropractic, time of service fees are expected in full, and accepted as cash, debit, credit, or check.

## Out of Network Insurance

If you have insurance that is not accepted by Functional Health and Sports Chiropractic, I will be happy to provide you with all health records and billing statements so that you may personally file any necessary claims.

## Insurance

Functional Health and Sports Chiropractic is a participating provider in Blue Cross Blue Shield health insurance. If you have Blue Cross and Blue Shield insurance and would like to submit charges through the office, you must complete the patient information form and provide a copy of your insurance card and driver's license. Chiropractic coverage and benefits will be determined and summarized for you before beginning care. If you choose to begin care, I will submit your claims on your behalf, but you will still be responsible for paying any remaining deductible and co-insurance or co-pay at the time of service. If for any reason your claim is rejected or denied, or has not been paid within 60 days of filing the claim, you will be responsible for paying the balance on your account.

## Assignment of Benefits

I hereby authorize Functional Health and Sports Chiropractic to submit claims, on my behalf, to the insurance company listed on the copy of the current insurance card I have provided. I certify that the insurance information that I have provided is true and accurate as of the date of service, and that I am responsible for keeping it updated. I am fully aware that having health insurance does not absolve me of my responsibility to ensure that my medical bill is paid in full. I also understand that my insurance company may not pay 100% of the amount of the medical claim, and that I may be responsible for any and all amounts not paid by my insurance company. I hereby authorize benefits to be assigned to Functional Health and Sports Chiropractic for healthcare services provided to me, and authorize direct payment of benefits to Dr. Jill Harbin, chiropractic physician of Functional Health and Sports Chiropractic. I also understand that if my claim is not paid by the insurance company within 60 days, I will be responsible for paying the outstanding balance in full to Functional Health and Sports Chiropractic.

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY CHIROPRACTIC BENEFITS DIRECTLY TO MY DOCTOR.**

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Print Name

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Signature

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Date