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GROUP INSURANCE FINANCIAL AGREEMENT

We would like to take a moment to welcome you to our office and assure you that you will be receiving the very best care available.

In order to familiarize you with the financial policies of our office, we would first like to explain how your medical bills will be handled.

We require that each patient contact their insurance company as quickly as possible to obtain their benefits. Most insurance policies cover chiropractic care, but this office makes no representation that yours does. Policies differ greatly in terms of deductibles and percentages of coverage for chiropractic care. Because of the variance from one insurance policy to another, we require the patient to be personally responsible for the payment of deductibles and any unpaid balances. If the patient does not obtain their insurance benefits, they will be responsible to pay at the time of each visit and then they can submit their claims on their own and pursue reimbursement by the insurance company.

We do require that you pay _____% of your charges (representing your deductible and/or personal responsibility) on a per visit basis, unless other prior arrangements are made with our business office. Our office policy is that a patient's personal responsibility for outstanding charges not exceed \$300.00. If it does exceed that amount, treatment may be suspended until the balance is taken care of.

If necessary, a staff radiologist will view x-rays taken in our office and give a detailed written report. Please be advised that unless paid at the time service is provided the charges for this service will be billed directly to your insurance company.

After a period of ninety days, any unpaid balances will be considered past due and will be subject to a 1.5% per month interest charge.

Please make sure that you sign the "ASSIGNMENT OF BENEFITS" portion of your history form. This instructs your insurance company to make payments directly to this office.

In order to open a claim with your insurance company, we will need at least one of your insurance company's ORIGINAL CLAIM FORMS. You should be able to get this from your employer of the insurance company directly. Also, if your insurance company requires medical reports to document your progress, your signature authorizes the release of medical information to process your claim. It is also understood that if medical bills are necessary to document your treatment and progress, a separate charge will be incurred and added to your statement for services rendered.

I have read and agree to the above.

Patient's Signature

Date