



## BIG IDEA FAMILY CHIROPRACTIC

3450 Acworth Due West Rd., NW • Suite 330 • Kennesaw, GA 30144  
678-574-5227 • fax 678-574-5223

### OFFICE FINANCIAL POLICY

#### Self Pay:

1. All patients are on a **Self-Pay** basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.
3. All self-pay patients are responsible for their entire bill, and payment is due when services are rendered. No refunds will be made for services rendered regardless of insurance or self pay status. \_\_\_\_\_ **Initials**

#### Insurance:

If you have insurance benefits that we are in network with, we will gladly accept assignment with the following exceptions and regulations, provided we have prior certification from your insurance company:

1. We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. \_\_\_\_\_ **Initials**
2. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill and payment is due in full immediately; regardless of any claims submitted.
3. **Medicare Patients:** Payment is due at time of service. We will not accept assignment from Medicare. We will file claims with certain Medicare plans to ensure your reimbursement from Medicare. Medicare may deem services as medically unnecessary at any time and will no longer reimburse you. Medicare does not cover any examinations or x-rays performed in a chiropractic office. You will be completely responsible for payment of those services. \_\_\_\_\_ **Initials**

#### All Patients:

1. A 24-hour advance notice is required to change an appointment and to avoid a missed appointment fee of \$65.00. This service charge is not payable by insurance.
2. Returned checks will be charged a \$50.00 service charge. A returned check results in the patient no longer able to use personal checks and will only be permitted to pay with bank secured checks, debit cards, credit cards or cash.

*If you have questions concerning this or any other matter, please speak with the receptionist prior to seeing the doctor.*  
I have read and understand the Office Financial Policy and agree to abide by these terms.

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Patient's Signature

Date