



# Hunter's Crossing Chiropractic

C.E. Zuluaga, D.C., P.A.

## Office Financial Policy

We are committed to providing you with the best possible care. If you have insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

**Payment for services are due at the time services are rendered**, unless payment arrangements have been approved in advance by our staff. We accept cash, checks, debit\* and credit cards\*. Returned checks and balances older than 30 days may be subject to additional collection fees, including but not limited to court costs, interest and reasonable attorney's fees. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

\*service fees may apply

You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R." "U.C.R." is defined as usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing or insurance claims is a courtesy that we extend to your patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding your insurance coverage, please don't hesitate to ask us. We are here to help you.

Patient's Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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