

FALL CREEK CHIROPRACTIC

PAYMENT POLICY

As a courtesy to our patients, we offer the following billing choices. Please initial the payment plan that applies to you then sign at the bottom of the page.

Although we at Fall Creek Chiropractic (FCC) will contact your insurance company to verify your benefits, we recommend that you also call in order to fully understand your plan options

_____ SELF PAY

I will pay for all services as they are rendered on the date of my visit. I understand that I may contact FCC for required documentation if I choose to submit my own insurance claims.

_____ INSURANCE SUBMITTAL

I would like to assign my insurance benefits to FCC and have you submit my insurance claims for me. If applicable, I understand that I am responsible for obtaining any necessary preauthorization from my primary care physician. I understand that I am responsible for any balance as billed to me by FCC that results from co-payments, deductibles, or non-covered services. I will also sign over to FCC within 5 business days any insurance checks mailed to me that are owed for services received at FCC.

_____ AUTO ACCIDENT / PERSONAL INJURY CLAIM

I was involved in an accident and would like to assign benefits to FCC and have you submit all charges to my insurance for me. I will sign all liens necessary to protect your office. I also understand that, regardless of the settlement, I am personally responsible for the entire balance. If FCC is not paid within 30 days of the case settlement, I will personally pay the entire overdue balance.

_____ WORKER'S COMPENSATION CLAIM

I was involved in an injury at work. I will ensure that my employer files the appropriate paperwork as needed for FCC to receive compensation. I understand that it is in my rights as an Indiana resident to have any bills paid that are incurred as a result of a work related injury. If after 60 days of my visit to FCC my claim is not paid, I understand that I am responsible for the overdue balance.

Name (please print): _____

Signature: _____ Date: _____