

Roscoe Chiropractic Centre

Chris J. Rini, D.C.

FINANCIAL AGREEMENT

The purpose of this agreement is to clarify the financial aspects of your care. In order to familiarize you with the financial policy of our office, the following will explain:

Forms of Payment

We accept cash, personal checks, VISA, Mastercard, and Discover. Patients are responsible for full payment at the time of service.

All professional services are rendered and charged to the patient receiving care and not to an insurance provider. We will supply you with statements, reports, or other documentation to help you receive reimbursement from a third party.

We will not become involved in disputes with your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information.

Special Arrangements

We have never denied anyone the benefits of chiropractic care because of their inability to pay. If financial hardship requires an individual consideration contract, payment will be handled in the following manner:

Billing

Any outstanding balances are billed monthly and considered past due 30 days after the statement date or when the special arrangements are not met. Returned checks are subject to a \$10 dollar fee. Balances older than 60 days may be subject to a 2% per month interest charge, plus any legal or collection fees.

Services

Our services vary based upon the severity of your condition and the amount of time needed to help you. These are the most common services we provide:

<u>Procedure</u>	<u>Purpose</u>	<u>When Performed</u>	<u>Fee</u>
Consultation	Tour the office, meet the doctor, and discuss your problem & health history	First Visit	N/C
Examination	Accurately determine the nature of your health problem and determine appropriate course of action	First visit then every 10th to 15th visit	\$37-\$90
X-rays/VF	Visualize the location of spinal pathologies and confirm other examination findings.	First visit, re-injuries and at certain progress examinations	\$37-\$60 per view
Examinations/ Management	Access and evaluate patient's current health and determine appropriate course of action	As necessary	\$20-\$60
Adjustment(s)	Reduce inflammation and swelling, speed healing process, and help provide relief.	As indicated by exam or office visit	\$27-\$38
Therapy	Reduce inflammation and swelling speed healing process, and help provide relief.	As indicated by exam or office visit	\$10-\$40

Questions

Please ask if you have questions about this agreement, or your ability to comply with its provisions. We are here to help.

Patient Agreement

I have read, understood, agreed to, and received a copy of this agreement.

Patient Signature

Date

Clinic Representative

Date