

PLATTE VALLEY 
Chiropractic
ACUPUNCTURE & WELLNESS CENTER

DR. SCOTT A. SOLE, D.C., D.A.B.C.I.
DR. TRENTON L. TALBITZER D.C., MS

3800 AVENUE A • KEARNEY, NE 68847
(308) 234-5978 kearneywellness.com

Due to the ever increasing costs of mailing statements and to help keep our fees as low as possible, we find it necessary to expect our patients to make payment for all services at the time those services are rendered, unless prior arrangements are made with us.

If you have insurance, we will submit your claims for you. It is your responsibility to provide us with the proper identification card and information about your Chiropractic coverage (i.e. deductibles, co-pays, etc.). It is in your best interest to verify and be aware of your chiropractic benefits. We will be happy to re-verify your benefits at anytime and try our best to help you understand them. Please keep in mind some chiropractic benefits are separate and different from regular medical benefits. Also please keep us informed of any changes in your insurance carrier or coverage. Co-pays are due at the time of service. If your claim is denied, you are responsible for any amount not paid by your insurance. You will receive a statement from our office after the services have processed through your insurance.

We accept cash, personal checks and credit/debit cards. If your check is returned to us unpaid for any reason, a service charge of \$25.00 will be added to your account in addition to the original amount of the check. Any unpaid amount over 60 days is subject to collection through a collection agency. All collection fees will be your responsibility.

When signing this form, you are also giving Dr. Sole and Dr. Talbitzer consent to treat the condition or conditions that you have presented with or in addition to the information given on the Chiropractic Registration and History form.

Thank you, for taking the time to read this statement of our office and financial policies. We ask that you sign and date this form to verify that you have read, understand and agree to abide by these policies.

Date: _____ Signature: _____