



Dr. Trenton L. Talbitzer, D.C., D.A.B.C.I
Board Certified Chiropractic Internist

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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 on 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, ect.). 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 any time and try our best to help you understand them. Please keep in mind that **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.**

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. 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.

Signature: _____

Date: _____