**Financial Policy and Consent to Treatment**

Due to 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 services at the time those services are rendered, unless prior arrangements are made with us. We will make every effort to keep your care affordable.

If you have insurance, we will submit your claims and then bill out your portion to you on a monthly basis. It is your responsibility to provide us with the proper and current 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 if needed and will do our best to help you understand them. It is your responsibility to 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.

Please keep in mind that some chiropractic benefits are separate and different from traditional medical benefits. In addition, some services offered in our office are not submissible to insurance. For visits that do not include chiropractic treatment, or do not qualify as a submissible exam charge code, a $35 Office Visit fee will be applied to your visit. This would include acute care visits for illness. If a therapy is administered, that $35 fee will be applied towards that therapy.

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 90 days is subject to collection through a collection agency. All collection fees will be your responsibility.

By signing this form, you are acknowledging/accepting the terms listed above in addition to 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.

Please sign and date this form to verify that you have read, understand and agree to abide by these policies.

Signature Date