

PIONEER CHIROPRACTIC - Carl E. Swarts, D.C.
17150 University Ave, Suite 100
Sandy, OR 97055
(503)668-6524

FINANCIAL POLICY

1. RESPONSIBILITY FOR PAYMENT: We consider the patient to be responsible for payment of services. In cases where the patient is a minor, the parent that the child is living with is responsible for payment. (We do not involve ourselves with custody agreements, divorce decrees, etc.) If patient is involved in an automobile accident, the responsible party is the insured patient's auto policy. The patient is required by this office to fill out and sign all lien agreements. *****Patient may be charged for not showing up for an appointment.**

2. INSURANCE BILLING: As a courtesy to you, we will bill your primary insurance company provided that the pertinent identification numbers and complete insurance address are provided. If we are not advised of insurance changes and it becomes necessary to bill a different company, a \$5 re-billing fee will be charged to the patient.

3. MEDICAL INSURANCE: For patients who have medical insurance, we will allow up to 60 days for the insurance company to pay on the account; however, the account must be paid in full within 60 days of the date of service regardless of any expectations of insurance paying on the account.

****** If your annual insurance deductible has not yet been met, then payment is expected at the time of service. *Any copay is also due at the time of service.*

****** Insurance is considered to be a private contract between the patient and insurance company; it is the patient's responsibility to resolve any difficulties with claims processing directly with the insurance company. This office will always be available to answer any questions regarding the claim processing.

@ All patients having insurance billed are required to have a current imprint of a major credit card on file. Your card number will be kept secure and only be used if your insurance does not pay in full, and only after you have been notified of the outstanding balance.

4. NO INSURANCE: Payment is expected at the time of service unless other arrangements have been made. *We accept CASH, VISA, MASTERCARD, and DISCOVER.*

5. WORKER'S COMPENSATION: If an injured worker has completed an 801 form at the place of employment, and furnishes complete information on the 827 form in our office, we will bill the industrial accident insurance for you. In the event that the claim is denied by the insurance company and is not appealed, you will be responsible for full payment of the claim.

****** If you contact us immediately at the time of denial, and provide us with complete medical insurance information, we will bill your insurance for the services and allow up to 60 days for payment on your account. If they have not processed the claim at that point, then you must pay the balance in full.

I have read this financial policy and understand its contents. My signature authorizes any insurance payments be made payable directly to Carl E. Swarts, D.C. and for charging any outstanding balances not paid within 15 days of patient notification to card number listed below.

PATIENT SIGNATURE: _____ **DATE:** ____/____/____

@ Visa ___ MasterCard ___ Discover ___ Exp. Date ____/____ # _____

_____ I permit my name to be printed in the "New Patient" section of the monthly newsletter.
initials