



Financial Agreement

Assignment of Health Benefits

I authorize the staff to perform any necessary services needed during diagnosis and treatment, whether my insurance covers these charges or not. I authorize the release of any medical information necessary to process and pay this claim. I authorize payment directly to Element Chiropractic (Anthony Rodriguez, DC PLLC) of the "Health Benefits", "Medical Reimbursement" from Third Party Payor and/or "Government Benefits" otherwise payable to me. I understand this office only accepts assignment when insurance pays direct.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance plan for you, as long as you provide us with the correct and current information. Your contract dictates the services that are covered and the amount of payment for those services. You are ultimately responsible for payment of services provided, regardless of if your insurance pays or not.

As a courtesy, we will attempt to verify your benefits with your insurance company. This is not a guarantee of payment, and in the event your bills process differently than expected, it is up to you to appeal this with the insurance company. We will assign you the balance and will reimburse you if your insurance reverses any denial decision they have issued.

I understand that if I cannot pay my bill in full, I will work with the office manager to come up with a reasonable payment plan and pay toward my bill at least monthly. If I default on the payment arrangement, my account may be turned over to a collection agency.

I understand that copays and balances are due at each visit.

If my account is sent to collections, there will be a fee of \$25 added to my balance, plus an additional 10% for balances over \$100.

Cancelation Policy

We ask for a minimum of a four-hour notice for all appointments. There will be a late cancelation/no show fee of **\$45** for massage or rehab appointments not canceled outside of the four-hour window. If you cancel within four hours, but we are able to fill the appointment, you will not be charged a fee. We pay our massage therapists for this time, so this fee will not be waived. At this time, we do not charge a fee for canceled or no-show chiropractic appointments, but we still appreciate as much notice as possible. We reserve the right to change this policy in the future and will post notifications in the office if changes are made.

I understand the above policy. I agree to pay the \$45 late cancel/no show fee if I don't give at least a four-hour notice. If I call and nobody answers, I will leave a message and I will not be charged if my massage/rehab appointment is outside the four-hour window. I can also cancel by replying to the confirmation text.

I understand that I must pay the \$45 fee before I can be seen again in the office.

Name (Print) _____ Signature _____ Date _____