Daniels Family Chiropractic

Terry L. Daniels, D.C.
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NOTIFICATION OF FINANCIAL RESPONSIBILITY

Cash Patients: Payment is expected at the time of visit, if payment arrangements are necessary such arrangements must be made in advance.

Insurance Patients: It is understood that **Daniels Family Chiropractic** will send the appropriate claim information to your insurance company following your appointment, however, an insurance plan is a contract between your employer, or union, the insurance company and young, as such, it is your prerogative to ascertain in advance what treatment may or may not not be covered. If prior authorization is required by your plan, it is your responsibility to obtain it.

I understand that I may be financially responsible for any and all charges incurred at this office, including, but not limited to, the following:

- Deductibles (the amount that I pay before my insurance pays)
- Co-payments (my portion of covered charges)
- Exam fees not covered by my insurance plan
- Charges that are denied or not covered, for any reason, by my insurance plan
- Maintenance treatment (beneficial, but not of immediate medical necessity)
- Supplies (ice packs, pillows, etc)
- Supplements
- Fees for appointments that are missed or canceled without 24-hour notice
- Fees for returned checks

I have read, and understand as well as accept my financial responsibility

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PRINT PATIENT NAME SIGNATURE (Patient,Parent or Guardian)

Today's Date _____