



Patient Financial Responsibility

This office provides insurance billing services for you, if you so desire, as a courtesy. You are financially responsible for any charges that you incur in this office, whether they are covered by your insurance or not. It is your legal responsibility to pay any deductible amount, co-insurance, and or any other balances not paid by your insurance carrier. Your signature on this document indicates that you agree to pay for any outstanding charges incurred in this office.

Patients who do not have health insurance:

Since we will not need to pay staff to bill insurance and follow up with insurance companies, we pass the savings on to you. We offer everyone our time of service discount of 25% and waive chiropractic modality fees when accounts are paid in full on each visit. This discount does not apply to supplements, products, labs, insurance co-pays, or deductibles.

Patients with a deductible have two options:

1. You can pay our regular fee schedule, and we will bill insurance for you. This notifies the insurance company that your deductible should be reduced by what you pay on each visit. When the deductible is met, your plan will most likely switch to a co-pay status.
2. You can pay our Time of Service fees, which are significantly less than our regular fees. However, you will then be responsible for submitting all services you have paid for to your insurance for reimbursement. We will not bill on your behalf.

We will strive to work out feasible payment options for anyone who needs care. Unless other prior written agreements have been made, any outstanding balance more than 90 days old is considered delinquent. Office policy dictates that delinquent accounts will be referred to collections, which may include possible blemishes on your credit record. Should legal action be taken by this office to collect an unpaid balance due for services provided, you will be held responsible for attorney's fees or other such costs as the court determines proper.

If your insurance denies payment for any reason, we will offer you our prompt payment discount of 10% for any outstanding charges that are paid in full within 15 days of notice.

- I authorize the release of any medical or other information necessary to process my claims
- I authorize payment of insurance benefits directly to Full Spectrum Chiropractic.

I authorize Dr. Yost to release all information necessary to communicate with personal physicians, other healthcare providers, collection agencies, and payers to secure the payment of benefits or inform them of concurrent treatment.

By signing below, I indicate that I have read, understand, and agree with the terms on this page.

Signature of Responsible Party

Date _____