

The following is an explanation of our clinic policy. We believe that a clear definition of our policy will allow us both to concentrate on the big issue—re-establishing, retaining and maintaining your health. We will be happy to answer any questions you have regarding our policy, your account and your insurance coverage.

**Payments**

At Pearson Chiropractic your health care needs are our primary concern. We do not want finances to get in the way of you getting the health care that you need. Policies are in place in an attempt to assist you in meeting your financial obligations without increasing stress in your life.

- **If you do not have insurance ALL payments are expected at the time of service. Prepayments are also allowed.**
- **If you have insurance ALL COPAYS & CO-INSURANCE are due at time of service.**  
**By taking care of this while you are in the office the need for an invoice is minimized.**
- **There will be a 1% finance charge added to all balances after 60 days. Maximum charge is 12% per year.**
- **There will be a \$25.00 charge on all returned checks.**
- If you need any additional documentation other than a receipt please feel free to ask the front desk as we are able to provide that to you at no additional charge.

**Insurance Coverage**

Our fees are considered usual, customary and reasonable by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area.

If your carrier has not paid a claim within sixty (60) days of submission, you agree to take an active part in the recovery of your claim. If your insurance carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance and authorize us to use your credit card to collect full payment. If claims denial is received after the insurance has processed, the balance will be Patient Responsibility.

**X-rays**

We will release your X-rays to another doctor only after you sign a release/transfer form and your account has been paid in full, unless you have been referred for a consultation. We need 48 hours notice to enable us to mail X-rays in time for your appointment.

**Appointment/Treatment**

Pearson Chiropractic is a very busy clinic and when an appointment is scheduled for you we reserve that time for you only. There will not be a fee for rescheduling or canceling an Adjustment. **However, for Massage Therapy, there is a \$85 fee, for Rehab there is a \$45 fee and for Acupuncture there is a \$95 fee, if an appointment is not cancelled more than 24 hours in advance. A credit card must be on file for ALL MASSAGE AND ACUPUNCTURE PATIENTS, no exceptions. The credit card will be on file and charged automatically if there is a no-show or cancellation less than 24 hours in advance.**

**Release and Wellness**

If you discontinue care for any reason other than discharge by the doctor, all balances will become immediately due and payable in full by you, regardless of any claim submitted.

*I have read and understand Pearson Chiropractic's office policies and I will honor them.*

Patient's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit card on file with us:**

Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_