

# Absolute Posture Chiropractic Wellness Center, Inc

## Financial Policy Notice

In an effort to maintain compliance with various state and federal regulations, managed care and preferred provider agreements, as well as billing and coding guidelines, we have adopted the following financial policies.

1. Our clinic has established a single fee schedule that applies to all patients for each service provided.
2. We are a **Cash Practice!** We accept Cash, Check, and Debit/Credit Cards as forms of payment. We do not participate in any insurance programs. If you have insurance that covers out of network chiropractic services we will gladly print out a receipt for you to send to your carrier. However you will be responsible for payment at the time services are rendered unless payment arrangements have been made.
3. We do have several payment plan options available that give a discount on our fees for those patient that committed to receiving care. Ask our staff for more information.
4. Patients who meet state and or federal poverty guidelines or other special circumstances outlined in our "Hardship Policy" may be offered a discount for a period of time as determined by the clinic. Verification will be required. Ask our staff for more information if you feel you may qualify.
5. No Call/No Shows: We understand that circumstances come up that may interfere with your appointments however it is our policy to give a 24 hour cancellation call if you cannot make your appointment. After your 2<sup>nd</sup> missed appointment without a courtesy phone call you will be charged a \$20 no call/no show fee.
6. All returned checks will be assessed a \$20 return check fee.
7. The following Finance Charges will be assessed on all past due accounts.
  - 30-60 days= 1.5%
  - 60-90 days= 2%
  - 90-120 days= 3%
  - 120 + days= 4% plus a \$25 processing fee which covers the cost of postage and sending the account to collections.
8. As part of our compliance plan, as of June 1, 2014 our office will be unable to extend any type of discounts other than those listed above.

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

Acknowledged By: \_\_\_\_\_  
Printed Name Signature