

Quest Chiropractic Financial Authorization

Payment and Insurance Information - Please present your card to the front office.

<input type="checkbox"/> Private pay	<input type="checkbox"/> Private insurance	Member's Name _____
<input type="checkbox"/> Worker's comp.	<input type="checkbox"/> Auto/personal injury	Member ID # _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other	Policy/group # _____
<input type="checkbox"/> BC/BS		
<input type="checkbox"/> Medicare # _____	<input type="checkbox"/> Medicaid # _____	

Insurance / Financial Policy:

Before services can be rendered it is essential that you are aware of the financial policies of Quest Chiropractic. Payment is due at the time of service. We accept cash/check/visa/mc/discover. We will confirm - verify your insurance coverage and estimate your portion for payment. You are responsible for payment of all services not paid by your insurance company. Medical insurance seldom covers 100% of Chiropractic services therefore all patients should expect to have some out of pocket cost. Interest will be charged at an annual rate of 18% on any past due account. In the event of default in payment reasonable collection agency fees equal to fifty percent (50%) of the delinquent balance and attorney fees shall be added to the amount due plus any applicable court costs. A \$25.00 fee will be charged for all returned checks!

Authorization and Release: I authorize payment of insurance benefits directly to the chiropractor or chiropractic office. I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payors and to secure the payment of benefits. I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage.

HIPAA Policy:

The patient understands and agrees to allow this chiropractic office to use their Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available at the front desk before signing consent. If there is anyone you do not want to receive your medical records, please inform our office.

I have read, understand, and agree to the above financial, insurance and HIPAA policies for Quest Chiropractic.

Patient's Signature _____ Date _____
Guardian's Signature Authorizing Care _____ Date _____