Chiropractic Offices of:

Tracie A. Khoury, D.C.
Ryder Church, D.C.
Dean Trotter, D.C.
Brad Cotton, D.C.

FINANCIAL POLICY

1. Insurance

If we are not billing insurance, all payments are expected at the time of service. If we are billing insurance, payment of your co-pay, co-insurance, deductable, and/or full payment is due at the time of service. If your treatment is not covered by your insurance company, the cost for such charges will be your responsibility and be due immediately. Our office does not bill secondary insurance unless your secondary insurance is Medicare. If your insurance requires a referral from another provider, we will require the referral number or a copy of the referral be given to the staff to process your insurance with in-network benefits. Until this information is provided to us, we will require you to pay all co-payments, deductibles and/or co-insurance relating to out-of-network benefits. Any overpayments to your account will be reimbursed to you after insurance pays their portion.

2. If your insurance carrier has not paid in a timely manner

If your insurance carrier has not paid your 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 your claim within ninety (90) days of submission, you accept full responsibility for payment of any outstanding balance.

3. Past Due Balances

A past due balance is any amount owed after the insurance company has paid its portion, but where we have not received the full patient balance within ninety (90) days. After ninety (90) days as a private pay balance, interest of 3.0% will be applied on the unpaid balance at the discretion of the practice. If still not paid in full after one hundred twenty (120) days, a 10% interest fee will be applied. If still not paid after our final attempt to collect, your account will go into default. In the event that your account is submitted for collection, you agree to pay all costs of collection including, but not limited to, attorney's fees, collection agency fee, interest, and court costs.

4. Returned Checks

Any returned/bounced check, you will be subject to a $25 office fee and you will also be responsible for any bank fee that has been charged to our office due to a returned check. If you know you cannot pay your balance within 30 days, please contact our Billing Office at (309) 693-1212. There are several ways you can pay your bill, and a Billing Office representative will help find the right one.

5. Personal Injury (PI) or Automobile Accidents

Please present your auto insurance card, health insurance card, and inform us if you have retained an attorney.

If your case is a worker's compensation or personal injury claim, this agreement serves as a lien to said doctor on any settlement, claim, judgment, or verdict. You authorize and direct your attorney or insurance carrier to pay directly to this office such sums of money as may be due and owing for services rendered to you. In the event that no settlement, claim judgment, or verdict is reached within one year of the date of this agreement, you hereby agree to undertake the payment of any outstanding bills due and owing to this office. You fully understand that you are directly and fully responsible to this office for chiropractic or other bills submitted for services rendered to you.

_____ _____

Responsible Party Signature Date

_____

Printed Name

ASSIGNMENT OF BENEFITS AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with

_____ and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____

Responsible Party Signature Date

_____

Printed Name