

# Back To Action Chiropractic Center

---

## Office Policy

Our mission at Back to Action Chiropractic Center is to provide exceptional chiropractic treatment and service while upholding exemplary standards of care focused on each patients' individual needs.

## Insurance Information

The doctors at Back to Action Chiropractic are preferred providers for most private insurance companies and are contracted with Labor and Industries and Medicare. We will bill your health insurance and for all contracted and allowed services. If you have Personal Injury Protection (PIP) on your automobile insurance policy, we will bill them for any treatment you receive for injuries sustained in a car accident.

Health insurance and accident insurance policies are an arrangement between your insurance carrier and you, their insured. We will send medical claims to your insurance and provide all required forms and reports. However, you should understand and agree that all services rendered to you are charged directly to you and that you are personally responsible for payment. To better understand your insurance benefits, we recommend you do the following:

1. Call the customer service number on your insurance card and ask "What are my benefits for chiropractic care, X-rays, and massage therapy?"
2. Also ask, "What deductible, and copays or co-insurance, if any, am I responsible to pay before the insurance pays for chiropractic care, diagnostic X-rays, and massage?"
3. If you are using automobile insurance, ask "What is my PIP limit?"

## Payment Information

Before your first treatment, we will check your insurance benefits, including deductible, copay, and co-insurance, to estimate your out of pocket cost. **You will pay that amount at the time of service each time you come in.** If your insurance pays more than expected we will refund any overpayment to you. If the insurance pays less than expected, we will bill you for the balance. A 12% annual finance charge will be added to each account that is over 60 days past due. There is a minimum one dollar financial charge. If we are not billing insurance for you, we will collect full payment at the time of service.

I understand and accept Back to Action Chiropractic Center's office policy.

---

Patient or Guardian Signature

---

Date