

Badger Health Center (B.H.C.) Financial Policy Chiropractic and Acupuncture Patients

Signature at the Bottom Indicates that You Understand:

1. My payment, co-payment, coinsurance, and/or deductible are due at the time of service. If necessary, B.H.C. will make an estimation (any monies overpaid will be credited to my account or refunded to me).
2. B.H.C. does not guarantee that my insurance company will pay for any submitted charges. I am ultimately responsible for payment of any balance and/or services not covered under my insurance. My payment will be due within 30 days of notification from B.H.C. Payment plans are available upon request.
3. All personal injury / worker compensation cases are handled in the same manner as regular patient cases and will either be billed to my regular insurance or I will be responsible for payment at the time of service.
4. If I repeatedly cancel and/or miss my chiropractic/acupuncture appointments, a \$10 fee will be charged to me (not to my insurance) per each appointment.
5. If I do not comply with this financial policy, my treatment may be terminated and I must immediately pay any outstanding balance in full. If no payment is made on my balance after 90 days, B.H.C. will send my account to a private collections company and/or small claims court.

Directive for Insurance Disbursement to Health Care Provider

By this instrument, I authorize, instruct, and order any insurance company obligated by contractual agreement to reimburse me for allowable professional or medical services to make direct payment to Badger Health Center. This payment shall be credited by the provider directly to my account, and I have agreed to pay in a current manner, any balance of said charges for all professional services over and above the insurance payment. I also authorize the release of any information pertinent to my case to any insurance company, claims adjuster, or attorney involved in this case.

Patient Signature: _____

Date: _____