



CHIROPRACTIC  
SOLUTIONS

*by dr julie*

## OUR OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Our office is pleased to accept your private health insurance, personal injury, and/or worker's compensation assignment, **as soon as your coverage is verified by the responsible party**. We will file your claim forms and assist you in every way we can.

However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance.

Office policy regarding insurance assignment:

1. Since by taking your insurance on assignment we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
2. If you discontinue care without the doctor's authorization, the balance of your account is due and payable in full immediately, even if your insurance has been filed. If the insurance does pay it will be refunded if you have a zero balance.
3. Your insurance should pay within 30 days. If your insurance has not paid within 90 days, you must make arrangements to pay on the balance due, if balance is in excess and if your insurance pays the balance will be refunded to you.
4. We will bill your insurance as long as you are receiving chiropractic care in this office.
5. You must pay the percentage of your responsibility and/or co-pay as you go along. (If your insurance pays 80% of your care, you pay 20% on each visit.)
6. You are required to sign an "Assignment of Benefits" form and other assignment documents required by your insurance company on your first office visit.
7. Our office does **NOT** guarantee that your insurance will pay. We will make every attempt, at the beginning of your health care to receive verification of your policy and what it covers. However, if for some reason your insurance claim is denied you are responsible for the full amount of your bill.
8. Our office does **NOT** enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.
9. If you understand and agree with all of the above office policies please sign your name below and we will accept your insurance assignment.

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Signature of Patient

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Date

Over →

**Assignment of Benefits**

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier (s), including Medicare, private insurance and any other health/medical plan to issue payment directly to **CHIROPRACTIC SOLUTIONS by dr julie** medical services rendered to me and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amounts not covered by insurance.

**Authorization to Release Information**

I hereby authorize **CHIROPRACTIC SOLUTIONS by dr julie** to: (1) release any information necessary to insurance carriers regarding my illness and treatments: (2) process insurance claims generated in the course of examination or treatment: and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

\_\_\_\_\_  
**Patient/Responsible Party Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**