

**Spinal Care and Decompression Center
Insurance and Financial Policy**

Thank you for choosing this office for your health care. We are committed to providing quality, personalized care. We understand that not knowing what your financial options are can cause undue stress and anxiety. This written policy is an attempt to clearly outline what options are available to you.

METHODS OF PAYMENT AND POLICIES:

1. **We accept cash or check.**
2. **We accept Visa and Mastercard.**
3. We accept most insurance plans. **Patients are responsible for knowing their health care plan.** If our office has verified your insurance, we will gladly submit claims for you. We are happy to submit claims for you at no charge if you choose this option. At the time of your visit, you will only be required to pay your deductible or your copayment. **If your insurance company delays payment for more than sixty days, the balance will automatically be transferred to you.**
4. **Personal Injury or Auto Accidents:** Typically, we will directly bill the med-pay portion of your auto insurance. It is necessary for us to have this information prior to sending out the claim. An attorney lien must be signed by you and your attorney if an attorney represents you. All benefits previously assigned to an attorney must be rescinded and assigned to this office.
5. **Work related injuries:** If your problem is a work related injury, please speak with front desk reception. The state is very specific about how we bill charges and also requires the doctor write certain reports on your behalf.
6. **In some cases, we offer payment plans.**

Please sign below to acknowledge receipt of this policy.

Patient signature

Date

Print Name