

Patient Financial Responsibility Policy & Payment Authorization

Opp Family Chiropractic appreciates your confidence in choosing us to provide for your healthcare needs. We are committed to providing you with the best possible care for your total body wellness. The treatment you have elected to participate in includes a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our services. Contact your insurance company to determine what is covered and what is not. You are ultimately responsible for payment of any services and care received at Opp Family Chiropractic whether they are covered by your insurance company or not. Be sure to bring your insurance card to each visit. Always notify our office of any changes to your insurance. And lastly, be prepared to pay any portions your insurance company does not cover.

Co-Pays and Deductibles

If your insurer requires you to pay a co-pay or deductible, please be aware of the amount of your co-pay or deductible at the time of services. You will be asked to pay all co-pays or deductibles at the time of service. If you do not pay your co-pay or deductible at the time of service, we will bill you and may charge you a reasonable service fee to offset the cost of sending you a statement. All bills are due within seven (7) business days of the date it was emailed or mailed to you.

Cancellation / No Show Policy

When you make an appointment, we reserve the time specifically for you. Unfortunately, when a patient does not show for their scheduled appointment, another patient loses an opportunity to be seen. Therefore, if you need to cancel or re-schedule, you are asked to notify us as soon as possible, but no later than 24 hours in advance. Appointments cancelled without 24 hours' notice may be assessed a cancellation fee of \$25. Habitually cancelling appointments may cause us to ask you to seek another chiropractor for your healthcare needs.

Failure to Meet Financial Responsibility

If you fail to meet the financial obligations agreed upon in this policy and acknowledgment, your outstanding balance will be sent to a collection agency and the balance will have to be paid before receiving further treatment. Your future status with this office will be considered at that time and may lead to being discharged from care at Opp Family Chiropractic. If you have any questions, please contact the billing department.

Billing via E-mail

As of January 1, 2025 Opp Family Chiropractic will no longer be sending bills through the postal service. Opp Family Chiropractic will only be emailing bills to patients. Exceptions will be made for those who do not have access to an email address. At any time you may ask for an itemized bill be sent to you via email. Online bill pay is now available on our website www.oppfamilychiropractic.com.

Patient Acknowledgment

I have read and understand Opp Family Chiropractic's Patient Financial Responsibility Policy. I agree to assign insurance benefits to Opp Family Chiropractic whenever necessary. I authorize Opp Family Chiropractic to release information to a collection agency or attorney in the event I don't fulfill my financial responsibilities. I understand that if I fail to meet my financial obligations to Opp Family Chiropractic, I will then be responsible for all costs and reasonable collection and/or attorney fees. I expressly authorize Opp Family Chiropractic to charge any outstanding balance, due to co-pays, deductible or non-covered services, on my credit/debit card pursuant to the terms I agreed to in this Acknowledgement and the Patient Payment Authorization I signed.

I authorize Opp Family Chiropractic to Email my billing statement to:

Name: _____ DOB: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

I do not have access to e-mail, please mail my billing statement to the above address.

Printed Name: _____ Signature: _____

Date: _____ Relationship to Patient: _____