

# **CROSSROADS SPINE & WELLNESS FINANCIAL POLICY**

We are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and your understanding of your policy.

Payments for services are due at the time services are rendered, unless other arrangements have been approved by our staff. We accept CASH, CHECKS, VISA AND MASTERCARD.

If you have medical insurance, we are happy to file medical claims for you. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize; that your insurance is a contract between you and your insurance company and/or employer.

It is your responsibility to provide our office with all of the information regarding your insurance. It is also your responsibility to provide your insurance company with any information they request in order to make payment to our office.

All co-pays and costs not covered by your insurance (DEDUCTIBLES INCLUDED) are due at the time services are rendered.

Please inform us if you are filing for workers compensation or are seeking reimbursement for medical bills resulting from and auto accident or other type of accident. Please inform us if you have med-pay on your auto insurance.

Returned checks are a \$25.00 fee. All balances over 30 days will be subject to a 1.5% interest per month.

All scheduled appointments need to be cancelled within 24 hrs or you **will** be billed in full for the reserve time. This charge is your responsibility and cannot be billed to your insurance company.

I (the undersigned) understand and agree that regardless of my insurance status, I am responsible for any professional services rendered.

Should patient default, patient agrees to pay all cost of collection fees, including collection agency fees, court costs and reasonable attorney's fees.

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PATIENT SIGNATURE

DATE