Amberlight Chiropractic & Wellness
Elena Pekurovsky, D.C., L.Ac.
8421 Wayzata Blvd # 230
Golden Valley, MN 55426
Ph. (612) 242-1335

FINANCIAL POLICY

Thank you for choosing Amberlight Chiropractic & Wellness as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. Prior to seeing the doctor we require you to read and sign the following consent.

Regarding insurance

___I have agreed to pay any cash balance of said professional service charges at time of service. I agree to pay charges over, above, or denied by insurance coverage according to the financial policy of Amberlight Chiropractic and Wellness.

Assignment and release:

__I hereby release my insurance benefits to be paid directly to Dr. Elena Pekurovsky and acknowledge that I am financially responsible for all fees. I hereby authorize Dr. Elena Pekurovsky to release any information required to support my claim.

*Regarding insurance plans where we are a participating provider: All **co-pays** and **deductibles** are **due prior to treatment**.*

*If your insurance coverage is not known before your treatment you are responsible for **$65 for your initial visit** and minimum of **$35 or more for follow up appointments** until information is verified and payments from insurance received.*

In the event that your insurance coverage is a plan where we are not a participating provider, the charges are your responsibility, and you may submit information on your own for reimbursement. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance. Your insurance policy is a contract between you and your insurance company. We are not a part of that contract.
Our practice is committed to providing the best treatment for our patients and we charge what is reasonable and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Interest and Past Due Accounts
*We reserve the right to charge interest in the amount of **8%** as allowed by state law. In the event your account becomes past due and is referred to an outside collection agency or attorney, you will be responsible for the collection costs, along with the reasonable attorney fees and court costs incurred by this office.*

***CANCELLATION & LATE ARRIVAL POLICY:** We require a 24-hour notice of cancellation for a scheduled appointment. You are responsible for a fee of **$35.00** for missed appointment if this notice is not given. Other people may need care and be unable to receive it during the time you reserved. If your care is being paid for by insurance, please note that insurance carriers will not pay for missed appointments, therefore payment will be your responsibility.*

Also, please adhere to our scheduled time for service. Your prompt arrival ensures that you will receive your full-allotted time for treatment, as will patients following you. If you arrive later than ten minutes past your appointment time, your may be unable to receive your treatment at that time and will then charged the missed appointment fee.
Your considerate observance of this policy helps make for us to serve you and others who need our care. Thank you for your cooperation.

Copy as Effective and Irrevocable as Original
A photocopy of this Assignment Agreement, release, limited power and property or other office forms shall be considered as effective and valid as the original. The authority granted shall become effective upon signing and be irrevocable for the full extent of my treatment by the doctors and until the time that all medical expenses incurred have been paid in full.

I, (print) _____ have read and agree to abide by this policy.

Signature: _____ Date: _____