

Financial Policy and Disclaimer

FEE SCHEDULE

Sutphin Chiropractic Acupuncture, PLLC (the "Office") has established a written Fee Schedule, which will be provided to you upon request. The Office will provide sixty (60) days' notice by E-mail before any modification to the Fee Schedule.

SPECIAL RATES

From time to time and at the Office's sole discretion, the Office may advertise reduced rates to existing or potential clients. If you respond to an advertisement for a reduced rate service, special rules may apply to any additional services that you receive within 72 hours of responding to the advertisement. Specifically, as required by N.C. Gen. Stat. § 90-154.1, IF YOU DECIDE TO PURCHASE ADDITIONAL TREATMENT, YOU HAVE THE LEGAL RIGHT TO CHANGE YOUR MIND WITHIN THREE DAYS AND RECEIVE A REFUND.

COLLECTION OF FEES

- The Office does not participate with or accept payment from any third-party payors, and is not in network with any insurance providers.
- Payment of fees for services provided by our Office is solely the responsibility of the patient or patient's guardian, and is expected at the time of service.
- Payments may be made by cash, check, non-PIN Visa debit cards, Visa, MasterCard, American Express, and Discover.
- You may not assign settlement money from a personal injury case instead of paying for services. You are expected to pay your fees at time of service and collect reimbursement from your settlement.
- If payment is not made at the time of service (such as in the case of a returned check), the patient must remit payment within 30 days of the patient visit. All balances remaining unpaid after 30 days may be turned over to a collection agency.

MEDICARE

- Chiropractic physicians who are not enrolled in Medicare are prohibited by the Medicare Program from providing services to any person who is a Medicare beneficiary. Because the Office's Chiropractic Physician is not enrolled in Medicare as a provider of healthcare services, this means that if you are a Medicare beneficiary the Office cannot provide any services to you.
- You must notify the Office right away if you enroll in the Medicare program or if you did not previously disclose that you receive Medicare coverage.
- The Office will not be held legally liable if you fail to disclose that you receive Medicare coverage at time of treatment.
- If you are enrolled in Medicare and require chiropractic services, the Office can provide you with a list of Chiropractic Physicians who may be able to provide services to you.

RETURNED CHECKS

The Office charges \$25.00 for returned checks to cover any fees that the office incurs.

MISSED AND CANCELLED APPOINTMENTS

As a courtesy to our staff and other patients, please provide at least 24-hour notice if you must cancel an appointment. The Office will permit two missed appointments without adequate notice. **After two (2) missed/canceled visits without 24-hour notice, the patient will be charged \$50.00 for each visit that is missed. The patient will be responsible for payment.**

Sutphin Chiropractic Acupuncture, PLLC
Dr. Rebecca Sutphin DC, MA
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FINANCIAL POLICY QUESTIONS

We are happy to address questions regarding your account at any time. Please direct accounting questions to Dr. Rebecca Sutphin.

Patient Signature

Date

E-mail