PATIENT FINANCIAL RESPONSIBILITY INFORMATION

Lundgren Chiropractic - 603-432-1800

50 Nashua Road, Suite 101, Londonderry, NH 03053

Thank you for choosing Lundgren Chiropractic to begin your journey to routine health. as your health care provider. We value your health and well-being and are committed to providing you with the best possible care. In order to avoid any miscommunication we have established the following financial policy. Please take a moment and read it thoroughly. If you have any questions, feel free to discuss them with our office staff before your appointment or call us at 603-432-1800.

Any and all payment arrangements ***must be approved in advance of your treatment***!

If payments are in arrears a monthly rebilling fee will be added to any outstanding balances.

Please call 603-432-1800 to discuss your payment needs.

PATIENT CASH ACCOUNTS

Full Payment Is Expected When Services Are Rendered.

We Accept Cash, Check, Master Card, Visa, Discover & American Express.

We reserve the right to charge for appointments broken without advance cancellation.

*INSURANCE ACCOUNTS*

Please realize that your insurance contract is between *you, your employer, and the insurance company*. As a courtesy to our patients, we will submit claims. However, we remind you ***that all deductibles, co-payments and any cost not covered by your insurance are your responsibility and are DUE WHEN SERVICES ARE RENDERED.***

We will make an attempt to verify your benefits with your insurance company, but such verification is not a guarantee of payment. Should there be a dispute or rejection of your claim, we will attempt to solve the problem. However, it is ultimately your responsibility to pay the disputed charges and to pursue reimbursement from your insurance company if we are unable to do so.

In the event you receive payment from your insurance company during the period which we have accepted assignment of benefits, you are responsible for endorsing such checks over to us immediately.

Please note that if you discontinue care for any reason other than discharge from the doctor, your balance becomes due and payable ***IN FULL*** immediately.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_