

## BILLING POLICY

The following sets forth the general billing policy of WHITELEY CHIROPRACTIC CENTER INC. Please review this information and sign where indicated.

- \* Staff of WHITELEY CHIROPRACTIC provide verification of benefits only as a courtesy and ultimately it is my responsibility to know if my health plan is contracted with them.
- \* I understand that it is my responsibility to provide the office of WHITELEY CHIROPRACTIC with current and accurate billing information at the time of check in and to notify WHITELEY CHIROPRACTIC of any changes in this information.
- \* I understand that it is my responsibility to know my co-pay (which can be different from my primary care co-payment) and to pay it prior to services being rendered. I understand that this is a contractual agreement that I have with my health plan and that the clinic also has a contractual agreement with my health plan to collect co-pays at the time of service, and they are required to report to the carrier any enrollees failing to pay the copay.
- \* I understand that if I present an insufficient funds check (NSF check) for payment on my account that I will be charged a \$35 NSF fee. I further understand that to rectify my account, I will be required to pay with either cash, a money order, cashier's check, or credit card.
- \* I understand that I will be billed for any amounts due by me (co-payments/coinsurance amounts/deductibles) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with two (2) statements for any balance due after insurance payment. I further understand that if I have not made payment prior to the second statement being mailed, that the second statement will be marked as "Final Notice".
- \* I understand that I will be charged the cost of a massage if I am unable to make my massage appointment without giving at least 24 hours prior notice.

My signature below confirms that I have read these billing policies and my financial obligation as pertains to the physicians of WHITELEY CHIROPRACTIC CENTER INC.

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Signature

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Date

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Relationship to Patient