

**EASTLAKE CHIROPRACTIC CENTER**  
**Appointment & Financial Policies**

We would like to take the time to welcome you to our office. We appreciate the opportunity to help you in your efforts to regain optimum health. The following is an overview of our office policies.

**APPOINTMENT POLICY**

**In order to serve all our patients we ask that you call if you are unable to make your appointment. If you find yourself running late please stop by the office and notify the receptionist and we will get you in for your visit as soon as possible. When you fail to notify our office, this leaves a time slot open that could otherwise be used to help someone else. Please help us help others. THANK YOU.**

**FINANCIAL POLICY**

- **Plan 1 INSURANCE** Please present your insurance card today. We will contact your insurance company and verify your coverage, however, we **strongly** recommend that you also call for verification to avoid any confusion. If you have coverage for chiropractic care our office will bill your primary insurance company. After your insurance company has been reached for benefit information a financial payment plan will be presented on your following visit. When applicable, **patient co-pays are due at the time of service**. If your insurance plan requires a Primary Care Physician (PCP) referral, you must provide this office with a written authorization from your PCP.
- **Plan 2 CASH** Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance. Payment plans are available. Please ask the office manager.
- **Plan 3 Labor & Industries** Once we verify that your injury or illness is job-related, we will complete and mail all claim forms directly to the Department of Labor and Industries. All approved costs are paid directly by the Department. Usually, there are no out of pocket expenses to you. In the event you are denied coverage by L&I, you will be financially responsible for payment for all serviced that have been rendered to you. It is important that you cooperate with L&I to receive benefits.
- **Plan 4 Personal Injury** Please provide us with your car insurance, health insurance, accident report, and name of attorney if applicable. If the claim is a possible third party liability please provide us with the other parties insurance carrier information. Until necessary insurance information is gathered and verified for chiropractic care, you will be required to pay for care on a cash basis. Patients with Personal Injury Protection (PIP) coverage are not required to pay for care as it is rendered. Patients who are covered by third party insurance will need to check with the front desk to make payment arrangements.
- **Plan 5 Medicare** Please present your Medicare card today. Our office accepts Medicare assignment. See the office manager for details.

We want you to have a clear understanding of our financial policy so that together we will be free to concentrate on the important issue of returning you to good health. If you have any questions or concerns, please feel free to let us know.

*I have read, understand, and agree to the above policy. I understand that I am financially responsible for all charges and agree to pay for the services I receive.*

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

**Date:** \_\_\_\_\_