

# CONDITIONS OF ACCEPTANCE TO THE EAST DETROIT CHIROPRACTIC CENTER

Welcome to the East Detroit Chiropractic Center. Our goal is to help you feel better in the least amount of time, at a minimum cost, and to maintain your spine, so you stay feeling well. We will adjust only when we feel nerve pressure exists. We will recommend care based on our examination, x-rays, and experience.

We accept only patients whom we sincerely believe we can help. Your total cooperation is required, and missed appointments will not be tolerated. We ask that all patients read and sign our Conditions of Acceptance as well as complete our New Patient Information form prior to seeing the doctor.

It is our desire to assist our patients whenever possible. The following insurance assignment program allows you, our patient, to receive the care you need without undue financial strain. This clinic does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects a claim, it will be the patient's responsibility to pay the charges.

Payment for services is due at the time services are rendered. We accept cash, checks, and for your convenience, MasterCard, Visa, and Discover.

Our fee schedule is as follows:

New Patient Examination:	\$40.00	X-ray (per view)	from \$ 44.00 to \$48.00
Consultation	\$40.00	Traction	\$30.00
Office Visit Adjustment	\$35.00 to \$48.00	Hot/cold packs	\$10.00
Digital Copy of X-Rays	\$ 5.00	Trigger Point Therapy	\$10.00

In some instances, we may accept assignment of insurance benefits. However, you must understand that if we do not participate with your insurance carrier:

Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.

All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment.

If the insurance company does not pay in full within 45 days, we require you to pay the balance due with cash, check or credit card. Returned checks will be subject to additional collection fees.

If you belong to an HMO (such as Blue Care Network, HAP, Priority Health, etc.), you must bring a referral form with you EACH and EVERY TIME you come for an office appointment. This confirms that your visit has been approved by your insurance carrier. If you do not obtain a referral, you are responsible for full payment at the time of service. If a co-payment is required by your insurance, this is due at the time of service.

To process claims for workman's compensation and auto accidents, we must have the proper authorization and insurance company address. If this information is not supplied to this office, you will be responsible for payment.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, thank you for choosing us as your health care provider. We appreciate your trust in us, and the opportunity to serve you.

"I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing those transactions."

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Patient Signature

\_\_\_\_\_  
Date