Delray Spinal Care Center

Achieving Better Health naturally!

JUDITH ZEPHIRIN, DC

PATIENT FINANCIAL AGREEMENT
PLEASE READ THOROUGHLY AND SIGN BELOW

The purpose of this form is to let you know how our office works in the handling of your insurance claims. We do this to eliminate any questions or misunderstandings that could arise and later affect your ability to use your policies as they were intended.

Insurance Benefits and Coverage:

As a courtesy to you, we will file and submit your insurance claim(s) for treatments rendered at this office. Please remember that your insurance coverage is a contract between you and your insurance company. We are not a party to that contract. If you ever have any questions regarding your coverage and or benefits please contact your insurance company. Ultimately you are responsible for all costs incurred during treatment. If your insurance does not accept assignment of benefits in other words, if they pay you rather than us, payment must then be made in full at the time of service. In such instances we will submit the claim on your behalf. Depending on your specific coverage, you may be asked to pay either your deductible, copay, per visit fee, or monthly fee based on your plan.

Payment of Services, Copayment, Deductible and Coinsurance:

Although we do accept assignment of benefits, we require payment of any copayments, due at the time of service. We accept Cash, Credit/Debit card and personal Check. If you have any deductible or coinsurance amount to be met, you will be billed once your insurance has processed and paid their portion of the claim.

Uninsured Patients and Non-Covered Benefits:

Full payment is due at the time of service. We accept Cash, Credit/Debit card and personal Check. In some instances a payment plan may be made for some patients on a case by case basis. While we try to accommodate all of our patients we do maintain strict guideline regarding payment plans.

Balance and Statement:

You will receive a statement once a month if you have a balance owing. Failure to pay a balance by the third billing statement will result in your account being turned over to the collection process if you have made a payment agreement and fail to make two consecutive monthly payment, your account will be turned over to the collection process. ***Please note there is a fee of $25 plus balance owed for all returned checks.***

I have read this financial policy, understand it and agree to its terms.

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Signature of patient or parent if patient is a minor Date