



## Our Agreement with You

### *Report of Findings Appointment*

Our doctor offers a unique service that is a required part of your care. We provide each patient with a detailed explanation of her or his test results. To ensure you understand these results completely, we ask that you bring a spouse, friend, and/or family member with you. It is extremely important for you to bring another adult who will be able to support you on your journey towards your health goals. Every Tuesday at 7:00 p.m. we present a New Patient Orientation which we require each new patient to attend. Please sign up in advance for the Orientation to ensure your seat.

### *Appointment Policy*

The frequency of your visitation schedule is of paramount importance to your results, so we ask that each patient adhere to Dr. Scharich's recommendations as they are designed for your optimum results. As a convenience, our staff will help you plan your schedule by making multiple appointments during times when you are most available. This can be done one month at a time. If, for any reason, you are unable to keep an appointment, we ask that you notify us 24 hours in advance and reschedule.

*It is the goal of this office to provide you with the finest quality chiropractic care available. Our policies are designed to create a positive and productive relationship in your continued journey of well-being. If you have any questions regarding your health care, or any of our policies, please let us know. We look forward to your referrals and to a successful doctor-patient relationship.*

### *Payment Policy*

WE ACCEPT: CASH, CHECKS AND CREDIT CARDS.

There are three forms of payment, PLEASE CHECK YOUR PREFERRED METHOD:

- CASH** – Payment in full is due at the time of service unless otherwise approved through a chiropractic payment arrangement program. Returned checks are subject to a \$35.00 fee per occurrence and balances over 30 days may be subject to additional collection fees and interest charges of 1.5% per month.
- CREDIT CARE/CARE CREDIT** – We accept Visa, MasterCard, Discover, and Care Credit—an interest-free line of credit; we can assist you with this application process.
- INSURANCE ASSIGNMENT** – Co-pay, insurance reimbursement signed over to our office (as explained below).

#### *INSURANCE ASSIGNMENT PROGRAM*

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.

1. Waiting for insurance payment is a courtesy provided by this office. We reserve the right to withdraw this courtesy at any time. We will bill your insurance company and accept assignment of benefits during your corrective care period. Direct assignment will be discontinued when you have finished corrective care and a supportive health care program is recommended. We will notify you of the change.
  2. All deductible amounts must be paid by you in advance of the first billing. Also, you must stay current with your percentage of responsibility. This must be paid at least weekly. Prepayments may also be made.
  3. The insurance carriers are billed on specific 15-30 day cycles. It is your responsibility to supply this office with necessary forms to complete billing if needed.
  4. If you receive payment from your insurance carrier during the period which the clinic has accepted assignment of benefits, you are to bring the check into this office within three days of receipt and endorse it over to the office. Failure to do this may result in collection action.
  5. If you discontinue your care for any reason other than discharge by the doctor, you will be responsible for any unpaid balance regardless of any claims submitted to your insurance company, at the time you discontinue care.
- This office does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects the claim, it will be the patient's responsibility to pay all the charges and pursue reimbursement from the insurance company on his/her own. The insurance company has 30 days from billing date to make this decision. Patient payment is expected on any fees over 30 days old.

**I have read and understand the policies described on this page. I hereby agree to abide by the provisions as specified above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date