



WELCOME TO OUR OFFICE

We are committed to providing you the best care and are pleased to discuss our professional fees with you at anytime. Your clear understanding of our financial policy is important to our professional relationship. Please ask any questions you may have regarding our fees or your responsibility in complying with our financial policy and/or procedures.

- **Cash Patients:** Payment is due when services are rendered. We gladly accept Master Card, American Express, check or cash.
- **Insurance Patients:** Professional services are rendered and billed to your Insurance on your behalf. In many cases, your Insurance will mail payments directly to your attention. In these cases, it is your responsibility to send payment directly to our office upon receipt. Any services not covered by your insurance, such as deductibles and co-insurance/co-payments, are ultimately your responsibility and should be paid. (This includes denials by your insurance company).
- **Collection/Attorney Fees:** I agree to pay all costs of a collection agency if necessary to obtain payment in the event legal action should become necessary to collect an unpaid balance due for medical services. I agree to pay reasonable attorney's fees or other such costs as the court determines proper.
- **Credit Card Transactions:** In the case that I choose to keep a credit card on file with Kaiser Chiropractic Offices, I authorize them to debit my credit card for the amounts due regarding deductibles, co-payments/co-insurance payments and any durable medical equipment or supplies.
- **Limited Release of Medical Information:** I authorize Kaiser Chiropractic Offices to make inquiries and to release any pertinent information to any insurance company, adjuster or attorney to facilitate collection under these assignments.
- **Assignment of Cause of Action:** In the event that any insurance company or other third party obligated to make payment to me or to Kaiser Chiropractic Offices for the charges made for the services, refuses to make such payment upon demand, I hereby assign, transfer and convey to Kaiser Chiropractic Offices any and all cause of action that might exist in my favor against any such company or person. I authorize Kaiser Chiropractic Offices to prosecute said action in my name or their name to collect fees due for care rendered and legal expenses, and to resolve said claims as they see fit.

Financial Arrangements: _____

Print Patient Name: _____

Signature: _____

Date: _____