

*DR. RICHARD A. ENGEL*  
*CHIROPRACTOR*

Welcome and thank you for choosing us as your Spinal Healthcare Provider. We are committed to your treatment being successful and strive for your optimal health. The following is a statement of your financial policies in which we require that you read, agree to, and sign prior to beginning your treatment.

- If you are responding to a lecture or referral, there will be no charge for services during your initial consultation in our facility.
- Unless other arrangements have been made, payment is due at the time services are rendered. This excludes those services covered under worker's compensation insurance.
- For cases in which your chiropractic treatment may be the result of an accident, we ask for your cooperation in furnishing all information required for billing your insurance or your employer's insurance. Unfortunately, **MOST** 3<sup>rd</sup> party insurance carriers **will not pay** the doctor directly. Therefore, alternative payment options will be discussed and made with Dr. Engel.
- We may accept and may be a provider of your group health insurance. Any portion of the medical bill which is not covered by your insurance such as deductibles, copays, etc., will be your responsibility. Should your insurance delay claim payments beyond an unreasonable amount of time (exceeding 90 days) payment is due in full by you. Once again, we ask that you furnish all pertinent information required for insurance billing.
- We require a 24-hour cancellation notice. We understand emergencies may arise or life gets busy, however, habitual cancelled or missed appointments will incur a minimal office fee.
- Should you have any questions, or if you need assistance regarding our financial policies, please contact the front desk or Dr. Engel, we would be happy to answer any questions.

I have read, understand, and agree to the provisions of this financial policy.

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Patient or Legal Guardian Signature

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Date