

"Achieving maximum output"



Chiropractic Sports Institute  
A Professional Corporation

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## CSI Financial Policy

Thank you for choosing CSI as your health care provider. We are committed to your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of your Financial Policy, which we require you to read carefully and sign prior to any treatment.

### **TO ALL PATIENTS:**

- **Initial visit must be paid in full at time service.**
- **We carry NO BALANCES.** Payment must be paid at the time service is rendered. If billed to your insurance, payment is to be made when you receive the billing from our office.
- You assume financial responsibility for the care given, whether or not an insurance company is involved.
- We accept CASH, CHECKS and/or ALL MAJOR CREDIT CARDS.
- Parents or Guardians are responsible for minor's payment.

### **TO PATIENTS NOT USING INSURANCE:**

- Full payment is due at time of service.

### **TO PATIENTS USING HEALTH INSURANCE:**

- We bill your insurance as a courtesy.
- You must provide us with a copy of your current insurance card for proper billing. Information not received, will be billed to you directly.
- It is your responsibility to know your insurance coverage.
- All co-pays and deductibles are due at the time services are rendered.

We charge \$25 for missed appointments, unless canceled 24 hours in advance. This fee is NOT billed to your insurance company and must be taken care of prior to your next appointment.

***I have read, understand and agree to the Financial Policy.***

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

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