Terry Weyman D.C., C.C.S.P®
Aaron Schneider D.C.

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 our Financial Policy, which we require you to read and sign prior to any treatment.

TO ALL PATIENTS:

- We carry NO BALANCES. Payment must be paid at the time service is rendered. If billed to your insurance, payment of any balance due is to be made when you receive the billing from our office.
- You assume financial responsibility for the care given.
- 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:

Many insurance policies cover chiropractic care, but this office makes no representation that yours does. Insurance policies can differ greatly in terms of deductibles, copays and percentage of coverage for chiropractic care. Because of the variances from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, copays and denied charges, as well as any unpaid balance in this office. We will do our best to verify your insurance coverage, and will bill your insurance company in a timely manner.

- We bill your insurance as a courtesy.
- You must provide us with a copy of your current insurance card for proper billing. If information is not received, you will be billed directly.
- ***It is your responsibility to know your insurance coverage.***
- All co-pays and deductibles are due at the time services are rendered.
- Denied Services: in the event your insurance company does not cover or limits any/all of your visits, you will be responsible for these services. If this is a concern to you, please discuss with our administrative staff.

We charge $40.00 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, and understand and agree to the Financial Policy.

Signature Date

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Chiropractic Sports Institute, A Professional Corporation