Financial Agreement

Synergy Chiropractic
Family Chiropractic Care • Sports Rehabilitation

We are committed to providing you with the best possible care. The purpose of this agreement is to clarify the financial aspects of your care. This way we can devote our efforts to helping you get the best results in the shortest amount of time. Your clear understanding of our financial policy is important to our professional relationship. We would be pleased to discuss our professional fees with you at any time.

FORMS OF PAYMENT - We accept cash, checks, and most credit cards. Patients are responsible for full payment at the time of service. Any credit arrangements must be pre authorized.

GROUP OR INDIVIDUAL INSURANCE (PPO/HMO/POS Contracts)

Most insurance policies cover chiropractic care, but this office makes no representation that yours does. Insurance policies can differ greatly in terms of deductible and percentage of coverage. As a courtesy to our patients we will bill your insurance directly. The normal office procedure is for the patient to pay any deductible amount at the beginning of care. In all cases, the initial examination must be paid at the time of services. If there is overpayment, we will promptly refund it. After the deductible is met, you are responsible for any percentage/co-payment amounts due. These are due at the time of service.

- Some insurance policies require physician referral. If insurance require pre-authorization, we may be able to get your care pre-authorized. However, you are responsible for necessary but unauthorized services.
- HMO (Health Maintenance Organization) policies such as with Kaiser, Some Medicare managed by a HMO as with Kaiser Senior Advantage and variety of other HMO plans only pays for manipulation of the spine. Therefore, you are responsible for payment for other adjunctive therapy services related to and necessary for the appropriate and adequate treatment of the condition. You will be informed of these additional fees in advance and you have the right to deny or refuse such therapies.
- If we are a participating provider with your insurance, we will handle your treatment claims according to our agreement with your insurance company.
- If your insurance requires reports to document your treatment and progress, your signature below authorizes the release of medical information necessary to process your claim.
- Any claims over 60 days will become the patient's responsibility. Please contact your insurance company on those claims and we may also assist you.
- Overdue accounts may be subject to an interest charge after 90 days and may be subject to collection attempts.
- Monthly or periodic statements are sent to inform you of your account activity.
- All patients are responsible for deductibles, co-payments, denied charges or any service not covered by your insurance.

PAYMENT PLANS - Payment plans may be arranged on a one-to-one basis during financial difficulties prior to treatment.

BILLING - Any outstanding balances are billed monthly and considered past due 15 days after the invoice date or when special arrangements are not met. Return checks are subject to a $35.00 fee. A balance older than 30 days will accrue interest charges of 1.5% per month, plus any legal or collection fees. Please be aware that your unpaid balance may be subject to be turned over to a collections agency.

PATIENT AGREEMENT - I have read and understand the above financial policy and I agree to comply under the terms described.

Patient Name	Patient/Responsible Party Signature	Date	Dr. Dilojan Abayaratna, D.C. Clinic Representative	Date

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