



511 N D STREET PHONE: (402) 721-6372
FREMONT, NE FAX: (402) 721-6932
68025-5051 WWW.DUNCANCHIRO.COM

Notice of Financial Responsibility/ Financial Agreement

Insurance Information:

- As a courtesy we will bill your insurance company if we have a copy of your current valid insurance card.
- Please be aware that some, and possibly all, of the services provided may be “non-covered services” and are not considered “reasonable and necessary” under the Medical Program and/or other medical insurance.
- It is your responsibility to know and understand the amount of coverage you have. **You are responsible for services not covered by your insurance policy.**
- **Co-payments/Co-Insurance is expected at the time of service.** We accept cash, checks, money orders, credit cards, and debit cards. These fees are not charged by Duncan Chiropractic Health Center, LLC, they are a **requirement of your insurance company**, therefore, it is fraudulent to waive these fees.

Private Pay/Self Pay:

- **Payment must be received at the time of service.** NO exceptions.
- A 10% discount is applied to your account when you pay at the time of service.

Non-Payment:

- If we have not received payment from you for 90 days, we will send your account to collections. While your account is in collections, no appointments will be scheduled. Appointments may be resumed once the account is back in good standing.
- **Non-Payment for 30 days will result in a \$10.00 fee and will be assessed monthly until payment is made on account.** If payments are being received monthly, no fee will be assessed.

Workers' Compensation/Personal Injury/Auto Accident:

- If you suspect your injury is the result of a work accident, **an accident report must be completed** with your employer prior to any service. Any charges prior to the date of this report will be due **in full** as there is no guarantee of payment by Workers' Compensation.
- No guarantee of payment by insurance companies will be made. **You are responsible for 100% of the costs that are not covered by insurance.** We will bill the insurance companies; however, if they do not pay your claim, **you are responsible for the claim amount in full** once maximum chiropractic improvement is achieved in the opinion of the chiropractic physician.

Minor Patients:

- The adult(s) responsible for the health and well-being of the minor is responsible for full payment at the time of service.

No Shows/Missed Appointments

- **ALL** no show appointments will be charged a **fee of \$15.00** to the patient.

Thank you for reading and understanding our financial policy. We will gladly answer any questions or concerns you may have regarding your financial responsibility as it relates to your care here at Duncan Chiropractic Health Center, LLC. Please sign below to acknowledge that you have read, understand, and agree to this policy and allow us to accept assignment from your insurance company for reimbursement for services rendered.

Signature

Printed Name

Date