



MOEHRLE CLINIC

Apex Health Centers, LLC.

PATIENT FINANCIAL PROFILE

OUR OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Our office will be pleased to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We will file your claim forms and assist you in every way we can. However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance.

Office policy regarding insurance assignment:

1. Since by taking your insurance on assignment we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
2. Your insurance should pay within 30 days. If your insurance has not paid within 60 days, you must pay the balance due and be reimbursed by your insurance company when and if it pays.
3. We will bill your insurance on 30-day cycles as long as you are receiving chiropractic care in this office.
4. You are responsible to pay your deductibles and a percentage/ co-pay of your bill on each visit. You must also pay any amount not covered by your insurance policy (s). When this office receives a check from your insurance company, you will be informed of any amount due over and above the amount paid by your insurance company and the amount of money you have paid toward your bill. At the time you are informed of the amount due, you agree to pay the balance in full for the billing cycle. This office accepts, cash, check, or bank card as payment.
5. You are required to sign an "Authorization, Assignment & Acknowledgement" form and any other assignment documents required by your insurance company on your first office visit.
6. Our office DOES NOT guarantee that your insurance will pay. We will make every attempt, at the beginning of your health care, to receive verification of your policy and what it covers. However, if for some reason, your insurance claim is denied or reduced you are responsible for the full amount of your bill.
7. If account is turned over for collection, you will be responsible for any and all collection fees which may arise.
8. Our office WILL NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.
9. All special arrangements regarding finances must be signed by the doctor and patient and/ or other representative.

Office policy regarding cancellations/Missed appointments:

1. Our office requires a 24 hour notice if you cannot keep your appointment. If we do not receive a 24 hour notice, a \$25 charge will be incurred.

If you understand and agree with all of the above policies, please sign your name below and we will accept your insurance assignment when coverage is verified.

Print Full Name

Signature

Date

Ashton Anwar
Chiropractic Physician