

FINANCIAL POLICY

CASH

- 1) All patients are on a cash basis until their respective insurance coverage and deductible may be verified. New patient visit is \$67 and subsequent visits are \$40. If X-rays are taken and need to be sent to the radiologist the fee is \$20 for the first area and \$10 for each additional area.
- 2) This office may make payment plan arrangements on an individual basis based on individual needs. If you feel you need assistance from a family member with making decisions about your care, it is advisable that you bring them with you so that the doctor can discuss your case with them.

INSURANCE

- 1) If you have insurance, we will gladly accept assignment with the following exceptions and regulations, provided we have prior certification from you insurance company if required.
- 2) Patients are responsible for deductible and copayments at time of service. Patients are on a cash basis until deductibles are met.
- 3) We accept assignment as a courtesy to you and waiting for payments is a courtesy which may be withdrawn under certain circumstances. You are responsible for agreed upon charges should your insurance company not pay any of the anticipated charges for any reason.
- 4) If the insurance company issues you a check during our billing which is for services rendered, you must submit the check to our office upon receipt. All payments will be applied to your account for any balance due.
- 5) If a patient is referred to another specialist or discontinues care before they are discharged by the doctor it is expected that any balance due will be paid at that time.
- 6) If you have any questions concerning our financial policy or any other matter, please don't hesitate to speak to the receptionist or Dr. Morgan. We are here to make you care easy, affordable and hassle free.

This care is highly specialized, unique and effective. Please understand that you are here to receive the doctor's knowledge, expertise, time and technical equipment to expedite the most efficient recovery from your problem. All that we have is here for you to utilize.

Thank You,

I have read and understand the Financial Policy of Morgan Chiropractic and agree to abide by these terms.

Patient's Signature

Date