

**MIRANDO CHIROPRACTIC CENTER  
FINANCIAL POLICY AS OF JANUARY 2, 2016**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. 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.

All patients must complete our Case History form before seeing the doctor.

**FULL PAYMENT IS DUE AT TIME OF SERVICE.  
WE ACCEPT CASH, CHECKS, or VISA/MASTERCARD/DISCOVER/AMEX.**

***Missed Appointments***

If you do not call to cancel your chiropractic appointment, you will be charged \$66. **We do not require 24 hour advance notice.** If you do not call to cancel your massage appointment, you will be charged \$25. **We do not require 24 hour advance notice.** If you are unable to reach the Office Manager, you may leave a message on our voice mail.

***Regarding Health Insurance***

With the exception of Medicare, we are not a participating provider with any insurance companies and do not take assignment on your insurance reimbursement. If requested, we will file your claims for you with instructions that all reimbursements are sent directly to you. Alternatively, we will provide you with the paperwork necessary to file an insurance claim. We can also provide assistance if your insurance company requests additional information (such as medical records) from you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

***Orthotics, Orthopedic Pillows, Other Durable Goods, And Nutritional Supplements***

Payment in full is expected at the time the orthotics, pillows, other durable goods, or nutritional supplements are purchased. If you wish to file a claim with your insurance, we can provide you with all the paperwork needed to do so, including a letter of medical necessity, if required. **Please note: because orthotics are custom made to your feet, they are not refundable.**

***Usual and Customary Rates***

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

***Adult and Minor Patients***

Adult patients are responsible for full payment at time of service. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to Visa/Mastercard/Discover/Amex/Debit, or payment by cash or check at time of service has been verified.

***Returned Checks***

A \$35 fee will be assessed for any check returned to this office from our bank.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Responsible Party

\_\_\_\_\_  
Date