OFFICE POLICY STATEMENT

Dear Patient:

You have selected **"Insurance Assignment"** as the method of choice to take care of your financial obligation with this office. It is important that you realize we offer the option of **"Insurance Assignment"** strictly as a courtesy to our actively treating patients who are following a recommended treatment schedule prescribed by the doctor, and as such, our patients must understand the terms and agree to the following policy:

1. You are considered a ***cash patient*** until you bring in all your insurance information including a referral from your primary care physician (if necessary), we have a copy of your Insurance Card and have qualified as well as accepted your insurance coverage as partial or full payment. If you have a second insurance, please provide us with this information. *(It's the patient's responsibility to know their insurance coverage).*
2. If your insurance company does not honor the doctor's assignment of payment, in which they send the checks directly to our office, payment will be due from you at the time of service. Upon your payment, we will gladly give you a statement for you to submit to your insurance company for reimbursement.
3. In the event your insurance company begins a review of charges, and they cannot guarantee benefits will be paid until the review is concluded, you will be responsible for all unpaid charges.
4. Your co-insurance (co-payment), deductible and non-covered or reduced charges; must be paid at the time of each visit.
5. If your insurance carrier has not paid a claim within 60 days of submission, you will be required to take an active part in the recovery of your claim and after 90 days you will be responsible for payment in full and must be reimbursed from your insurance company.
6. In the event you are placed on maintenance care (once a month or longer), you may be responsible for full payment at the time of the service unless there is a prior written agreement or special program. We will no longer submit to your insurance company unless they cover this type of care.
7. You are ultimately responsible for full payment of any and all services rendered, regardless of any insurance coverage or agreement you have made. We are not responsible if your insurance company has incorrectly informed us of your coverage and/or in the event your policy changes without notification to us of the changes in your coverage. If you fail to communicate with our office and cooperate with payment on your account and it becomes more than 90 days delinquent, you will become responsible for any and all court, collection and/or attorney fees, and interest (1.5%/month or 18% APR) etc., which will be applied to your unpaid balance.
8. Many managed care insurance company policies have restrictions applied to chiropractic care. During the course of your treatment in our, office Dr. Sellari may recommend treatment, which he feels is reasonable and necessary to achieve control or resolution of your condition. Some of these procedures are not covered under your insurance policy. Furthermore, your insurance company may deny further treatment prior to completion of Dr. Sellari's recommended treatment program. You will be notified by your insurance carrier of their denial of payment for further chiropractic treatment. Continuation of your recommended treatment program following the date of denial will be the patient's responsibility.

This insurance assignment policy is to be followed and we ask that you sign this form as acknowledgement that you fully understand and you accept the terms and full responsibility for your account in our office.

PATIENT'S NAME (Please Print): _____

ADDRESS: _____

_____ _____

PATIENT'S SIGNATURE **DATE**

_____ _____

WITNESS **DATE**