

**CONFIDENTIAL**  
**POMEROY CHIROPRACTIC FINANCIAL POLICY**

Fees are established on a yearly basis and available on request. Any coupon, or other offer used, must be presented PRIOR to that service being rendered. MEDICARE does not cover X-rays if taken by a doctor of chiropractic.

PLEASE CHECK THE APPROPRIATE BOX BELOW INDICATING YOUR METHOD OF PAYMENT.

**NON-INSURANCE**

- You **MUST** pay your bill at the time of service.
  - If payment is not made at the time of service you forfeit the discount.
  - We accept virtually all forms of payment except American Express
- A receipt is available upon request.

**INSURANCE: CHECK ONE**

     **HEALTH:**

- We can bill your insurance company as a courtesy to you.
- Insurance will be filed for anyone who presents an insurance card or other information needed to file a claim.

     **AUTO:**

- You** are responsible for giving us the claim number of your case and filling out all needed data in order for us to file your claim.
- We must have all information within one week of your first treatment; otherwise you will be billed for your services.**
  - No balances carried over 90 days**

**YOU are responsible for any portion of you bill, which is left unpaid.**

**Unpaid portion, deductibles, and co-pays are subject to the following terms:**

- Payments **must** be made on a regular basis, at least one payment each month.
- Accounts over 90 days will be turned over to a collection agency or attorney.
- Finance charges and late fees (@ 10%) will be added to unpaid balances after 30 days.

I am acknowledging that I have a method of payment for all services rendered at each visit.

**IF YOU HAVE ANY QUESTIONS, PLEASE ASK FOR CLARIFICATION BEFORE SIGNING.**

Patient Signature	/ Print Name	Date
Parent or Guardian (if applicable)	/ Print Name	Date
Staff Witness		Date