SANTIAGO CHIROPRACTIC ASSOCIATES
FINANCIAL POLICY

Thank you for choosing Santiago Chiropractic Associates as your chiropractic physicians. Our goal is to restore your health as quickly as possible and maintain an optimal level of health and performance. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of your Financial Policy, which we require you to read carefully and sign **prior** to any treatment.

TO ALL PATIENTS:

- Payment is expected on the day the treatment is rendered.
- We accept CASH, CHECKS, and/or VISA and MASTERCARD

TO PATIENTS USING INSURANCE:

- You must provide us with a copy of your current health insurance card(s) for proper billing. **Failure to provide complete insurance information may result in patient responsibility for the entire bill.**
- Whether participating or non-participating, we bill your insurance company as a courtesy to you.
- It is your responsibility to be fully aware of your insurance coverage.
- **All co-pays and deductibles are due at the time services are rendered**, as well as any prior balance you may owe.

TO PATIENTS NOT USING/WITHOUT INSURANCE:

- Full payment is due on the day services are rendered.

PAYMENTS:

- Unless we approve other payment arrangements in writing, the balance on your account is due upon receipt.
- If payment is not received and your account becomes past due, we will take the necessary action to collect this debt.
- If payment is not received, we reserve the right to refuse future appointments on delinquent accounts.

I have read, understand, and agree to the Financial Policy. I acknowledge full financial responsibility for services rendered by Santiago Chiropractic Associates. I understand I am responsible for prompt payment of any portion of charges not covered by insurance including: co-insurance, co-pays, and deductibles. I understand payment is due on the day of treatment, as well as any prior balances I may owe.

_____ _____

Patient Name **Signature of Patient or Responsible Party**

_____

Date