



## ***FINANCIAL POLICY***

### ***Payments***

I understand that payments and/or deductible, co-insurance or co-payments are due at the time of service. In Line Chiropractic accepts cash, check, Visa, Mastercard and Discover. Checks should be made out to my **Doctor of Record** for all services, regardless of practitioner.

### ***Cancellation policy***

In the event I should need to cancel or reschedule an appointment, I understand that 24-hours notice is required. I understand and agree to pay the following fees for late cancellations, missed appointments or no-shows: **\$50 for Chiropractic and \$80 for Massage Therapy**.

### ***Insurance Billing***

If my insurance policy covers Chiropractic care, I understand that, as a courtesy to me, In Line Chiropractic will call and confirm benefits and file claims on my behalf. However, any notification of benefits is **not** a guarantee of payment by my insurance company and I understand that ***I am responsible for any and all charges not paid in full***. I will immediately notify In Line of any additions or changes to my coverage as soon as it is effective. This will allow In Line to verify my benefits and reduce the likelihood of denied claims.

### ***Discount Packages***

For patients paying out-of-pocket, In Line offers Chiropractic and Massage Therapy packages at a discounted rate. I understand these packages do not expire and are ***non-refundable once purchased***. However, I may transfer unused services to another patient or keep as a credit toward other goods and future services at In Line.

### ***Outstanding Balances***

I understand I will receive a statement every sixty days regarding any outstanding balance. It is In Line's goal to communicate financial obligations as clearly and simply as possible in order to focus more fully on my wellbeing. I know I can contact In Line any time with questions or concerns about my account.

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***Patient signature***

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***Date***