

**WELCOME TO SELAND CHIROPRACTIC CENTER, P.C.
Financial Policy**

The following is information you should know to help you have a more satisfying relationship with our office staff and chiropractor. Please review this information as well as the enclosed financial policy. For additional information including maps to our office, please visit our website at www.selandchiropractic.com.

ARRIVAL:

New patients should arrive 5 minutes prior to the appointment time. This will give our office time to complete your chart without delaying your visit with the doctor.

Patients scheduled to review x-rays with the doctor should arrive 10 minutes early and notify the front desk of any changes since last visit.

PLEASE NOTE:

If you are late, you may be asked to reschedule your appointment. Our doctor makes every effort to stay on schedule and late arrivals will not allow us to do so.

CHECK-IN:

After you check-in, new patients will be asked to turn in the paperwork received via e-mail or fax. Patients may be asked to verify current information such as your address and insurance. You may be asked to update our patient information form if we do not have a current one on file. If you have brought with you any MRI'S or other X-rays, these should be given to the front desk.

- Payment is expected at the time of service unless other arrangements are made in advance. Payments may be made with cash, check, Visa, Mastercard, or Discover. We will file all claims with the insurance company. You are responsible for payment of all co-insurance, deductibles, and co-pays. If a dispute with the insurance company arises, you are responsible for settling the dispute with your insurance company.
- There will be a twenty-five dollar (\$25) fee for all returned checks.
- There is a twenty-five dollar (\$25) charge for all missed appointments. You can leave a message on our voice mail 24 hours a day.
- There is a \$20 service fee for accounts that are sent to the collection agency or that are over 60 days past due. I guarantee payment in full of the patients account in accordance with the financial arrangements made at the time of discharge or, if no such arrangements are made, then payment shall be made in full within thirty (30) days of discharge. I agree that in the event of default in payment, reasonable collection agency fees equal to fifty (50) percent of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court costs. Accounts that are not settled within 30 days of being sent to the collection agency will incur additional collection agency fees.
- You may obtain a copy of your digital x-rays for a fee of \$5.00.
- A copy of your medical records may be provided for a fee (Indiana Title 16-39-9-3). The fee structure is as follows:
Fifteen dollar (\$15) copying fee for each medical record request
Twenty-five cent (\$0.25) per page charge after the first ten (10) pages
Actual postage costs
- If you are requesting services and/or treatment as a result of an accident, by executing this document you are granting Seland Chiropractic Center P.C. a lien on any recovery resulting from such accident, including but not limited to, insurance, litigation, compromise, arbitration, for the FULL AMOUNT due Seland Chiropractic Center, P.C. _____(initial)

I have read and understand the above financial policy.

Patient or guardian signature

Date