

NOLL CHIROPRACTIC INSURANCE & OFFICE POLICY

Thank you for choosing Noll Chiropractic. Our goal is to assist you in regaining and maintaining your health through quality chiropractic care with friendly and prompt service. Your complete understanding of this policy and your financial responsibilities are an essential element to your care and treatment.

- Your insurance policy is a contract between you and your insurance company, NOT BETWEEN THIS OFFICE AND YOUR INSURANCE COMPANY. As a courtesy, we will verify your coverage, policy benefits and limits with your insurance carrier. Insurance companies issue a disclaimer that benefits quoted to providers do not guarantee payment, therefore, what your insurance company indicates via phone or online may *NOT ALWAYS be 100% CORRECT*.
- We request that all of the charges be paid at time of service. For your convenience, we accept cash, check, VISA, MasterCard & Discover. Credit card payments may be made via phone with the appropriate information. If you are unable to pay your bill in full, we ask that you call our office immediately @ 717-267-1800. We will work with you to meet your obligation. We appreciate you being straightforward and keeping us informed of your ability to make payments on your account.
- Our bank charges Noll Chiropractic a \$40 fee if your check is returned for insufficient funds. Therefore, for each returned check, an additional bank fee will be added to your balance due.
- Dr. Noll will design a specific course of treatment to include a series of appointments which must be followed to get the maximum benefit from care. We find it easiest to schedule these appointments in advance in order for you to receive your desired appointment time and to make your visits as stress-free as possible. If an appointment must be changed, we ask that you kindly give 24 hours notice so that we can give that time slot to another patient in need.
- The highest compliment our patients can give us is the referral of their family and friends! If there is someone you know that you think would benefit from chiropractic care, please refer them to our office. We thank you in advance for your trust and appreciate the referrals of others.
- If you have any questions regarding this policy, please contact any staff member for assistance. We will be happy to answer any questions and discuss any concerns that you may have.

If my account becomes assigned to a collection agency, I agree to pay collection agency fees of 25%, court costs, and attorney fees. I understand that all accounts with a balance over 30 days will be assessed a 1.5 percent late charge per month on the unpaid monthly balance.

I have read, understand and agree to all the terms in this Insurance & Office Policy. I understand that I am ultimately responsible for the balance on my account for professional services rendered and I am responsible for any co-payments, co-insurances, deductibles and services not covered or not medically necessary.

Patient / Guardian (SEAL)

Date