BELOVE CHIROPRACTIC
4299 MacArthur Blvd. Suite 106
Newport Beach, CA 92660

OFFICE BILLING POLICY

1.) Please verify your insurance coverage. Call your agent, HR Department, or insurance company. Our office does NOT guarantee that your insurance company will pay.

2.) Deductible and co-payment are due at the time of service.

3.) A 12% annual finance charge will be assessed on accounts 30 days past due.

4.) You are required to sign an "AUTHORIZATION TO PAY PHYSICIAN" or a "BENEFITS ASSIGNED FORM" and any other assignment documents required by your insurance company on your first office visit.

5.) Since by taking your insurance on assignment, we have to wait for payment, this courtesy may be withdrawn if circumstance warrant it.

6.) Your insurance should pay within 30 working days. If your insurance has not paid within 60 days, you must pay this balance due and be reimbursed by your insurance company when and if it pays.

7.) With the exception of unexpected emergencies, we require that you notify us at least 24 hours in advance as to any appointment changes. We only ask for the courtesy of a phone call so that we may give your appointment time to another in need. ***If you are scheduled for a massage, we will bill you for the full appointment time. Missed appointments are not billed to insurances.

8.) We will bill your PRIMARY insurance ONLY every other week as long as you are receiving chiropractic care in this office. However, if you have secondary insurance coverage, we will provide the information needed for you to bill.

9.) Our office will NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.

10.) You will receive a monthly statement that will reflect your balance.

11.) Services are due and payable at the time they are rendered unless other arrangements are made.

12.) If you understand and agree with all of the above office policies, please sign your name below and we will accept your insurance.

_____   _____
DATE   SIGNATURE OF PATIENT