

**Hudak Chiropractic Clinic, PC**  
**Financial Policy**

We expect payment at the time of service. If we are on contract with an insurance company, we expect the patient's portion of our fee, co-pay, or deductible at time of service. We also require a \$20 yearly administration fee at your first visit of the year. Our office gladly accepts cash, personal checks, Mastercard, Visa, and Discover and Amex cards.

In addition, if you have health or accident insurance, our highly qualified insurance staff will file your insurance claims for you to help you receive your chiropractic benefits. Assignment of benefits will be made to the clinic.

You must remember that the insurance you chose is a contract between you and your insurance company. We ask that you be fully responsible for knowing the specifics of your particular insurance contract. Examples of these specifics include: Co-pays, deductibles, preauthorizations, preferred providers, and covered and non-covered services. This does not guarantee payment. Payment will be made according to your contract. The Clinic cannot accept responsibility for collecting your insurance reimbursement or negotiating a settlement on a disputed claim. We can provide you with the necessary medical information to assist you. All unpaid charges will be your responsibility. If your insurance has not made payment within 30 days of the date your claim was filed, the balance will be transferred to your account.

We may require a debit or credit card on file, which will be charged in the event of an unpaid balance. You will be notified by phone or mail before any charges are made.

If you are financially unable to make full payment at the time of service, our credit office can set up a payment plan. You should request this option as early as possible, preferably on the first visit.

I have read the clinic's fee schedule and I understand and agree to the provisions of the Hudak Chiropractic Clinic, PC Financial Policy.

\_\_\_\_\_  
Patient's or Personal Representative's Signature

\_\_\_\_\_  
Date

**Assignment of Benefits and Release**

I assign directly to Hudak Chiropractic Clinic, PC all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize Hudak Chiropractic Clinic, PC to release all information pertinent to my case to any insurance company, adjuster, or attorney that I request, and hereby release the clinic of any consequence thereof.

A photocopy of this assignment shall be considered as effective and valid as the original.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date