



21740 S. Tamiami Trail #103, Estero FL, 33928

Esterofamilychiropractic.com
Ph: 239-676-9116
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PAYMENT POLICY

TIME OF SERVICE: Every time you come in. After 60 days of non-payment, a \$50 late fee will be added to your account to be compounded monthly.

INSURANCE ASSIGNMENT- Co-pay, insurance reimbursement signed to our clinic, (as explained below).

INSURANCE ASSIGNMENT PROGRAM: It is our desire to assist our patients whenever possible. The following insurance assignment program allows you,our patient, to receive the care you need without undue financial strain.

1. Waiting for insurance payment is a courtesy provided by this clinic. We reserve the right to withdraw this courtesy at any time. We will bill your insurance company and accept assignment of benefits during your care period. Direct assignment will be discontinued when you have finished corrective care and a supportive health care program is recommended. We will notify you of the change.
2. All deductible and copay amounts must be paid by you at time of service. Also, you must stay current with your percentage of responsibility for any coinsurance.
3. The insurance carriers are billed on specific weekly cycles. It is your responsibility to supply this office with necessary forms to complete billing if needed.
4. If you receive payment from your insurance carrier during the period in which the clinic has accepted assignment of benefits, you are responsible to bring the check into this office within 7 days of receipt and endorse it over the clinic. Failure to do this may result in collection action.
5. In the event this account is turned over to a Recovery Systems for collections, a 45% collection fee will be added to the account balance to cover collection costs.
6. If you discontinue your care for any reason other than discharge by the doctor, you will be responsible for any unpaid balance regardless of any claims submitted to your insurance company, at the time you discontinue care.
7. This clinic does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects that claim, it will be the patient's responsibility to pay all the charges and pursue reimbursement from the insurance company on his/her own. The insurance company has 30 days from the billing date to make this decision. Patient payment is expected on any fees over 30 days old.
8. Cancellation policy: In the event that a patient does not cancel a scheduled massage or acupuncture visit within 24 hours of their scheduled appointment there will be a cancellation fee charged for the full amount of service. Credit cards must be on file to reserve appointments. There will be no charge for missed chiropractic appointments.
9. This office does not directly bill secondary or tertiary insurance. It is the patient's responsibility to have their insurances linked or to directly bill them themselves.

I have read the above provisions and wish to participate in the insurance assignment program and top pay my time of service payments that I am responsible for. I hereby agree to abide by the provisions as specified above.

Patient Signature

Date