



Mankey Family

Chiropractic

Dr. Graham V. Mankey, D.C.
Dr. Allison Mankey, D.C.

FINANCIAL POLICY

Payment is expected at the time of service. We accept cash, check, or charge (Visa or Master Card). Our Cash Price is discounted and is to be paid at time of service. The discount is forfeited if services are not paid in full at time of service. If we have to send a bill, the charge will reflect our usual (non-discounted) fees. We encourage you to take advantage of time of service discount.

There will be an additional \$25 fee for checks submitted with insufficient funds.

Balances over 60 days will incur an interest charge of 1.5% per month and after 90 days, an additional \$5.00 rebilling fee per statement will be charged

MISSED/CANCELED APPOINTMENTS:

We ask for a 24-hour notice for appointment cancellations. There will be a cancellation fee for each no show and appointment cancellation with less than 24 hours notice.

We have the right to charge you for your missed appointment if notice is less than 24 hours. We understand that sometimes last minute cancellations are unavoidable. Individual circumstances may be discussed with the office manager and/or the doctor.

INSURANCE:

Most insurance policies do cover chiropractic services, but the amount they pay varies from one policy to another, some pay 100% and some pay only a small amount.

Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our financial relationship is with you, not your insurance company.

IT IS IMPORTANT THAT YOU UNDERSTAND YOUR HEALTH OR ACCIDENT INSURANCE.

As a courtesy to our patients, we can check your insurance benefits for you. Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions. Your insurance is an agreement between you and your insurance company and you are responsible to know and understand your insurance benefits.

As a courtesy to our patients, our office will complete any necessary forms to help you collect from your insurance company. Patients will pay the amount up front and we will give you a completed form to submit to your insurance company. You should receive the credited amount however if the insurance company pays any amount directly to our office we will credit it back to your account. If there is an overpayment, it will be refunded to you. However, **you must clearly understand and agree that for all services rendered to you in our office, you are charged directly and you are personally responsible.**

I HAVE READ AND UNDERSTAND MY RESPONSIBILITY CONCERNING THE PAYMENT OF SERVICES.

SIGNATURE: _____ **Date:** _____