

Urmos Chiropractic Health Center

Cynthia E. Urmos, D.S., D.C., C.C.S.P.

OFFICE FINANCIAL POLICY

This office will accept your insurance on assignment. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. Our office will file your claims and assist you in every way possible to ensure benefit recovery but the balance is ultimately your responsibility.

IF YOU DO NOT HAVE INSURANCE: All payments are expected at the time of service unless prior arrangements are made. Your personal balance may not exceed \$100.00 at any time or care may be terminated.

IF YOU HAVE INSURANCE: You authorize and direct that payment for covered services be made by your insurer to Urmos Chiropractic Health Center. All deductibles and co-payments are expected at the time of services unless prior arrangements are made. Your personal balance may not exceed \$100.00 at any time or care may be terminated.

At the beginning of your treatment our office will make every attempt to verify your policy benefits, however, this office does not guarantee your insurance policy or payments.

If your insurance company has not paid a claim within 60 days of submission, you agree to take an active part in recovery of your claim. If your insurance company has not paid within 90 days, you accept responsibility for payment in full of any outstanding balance and authorize us to use your credit card to collect full payment.

If you set up a payment plan, you are required to maintain a credit card on file with our office.

If you discontinue care without the doctor's authorization, the balance on your account is due and payable immediately, even if your insurance has been filed. (If your insurance does pay, after your account has been paid, a refund will be sent to you).

Our office has a \$40.00 "No Show" fee. The first "No Show" will be waived but thereafter it will be charged to your credit card.

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____ Security Code _____

Printed Name _____

Signature _____ Date _____

Correspondence:

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