

1001 E Bogard Rd  
Wasilla, AK 99654  
907.376.2225 907.376.9225 fax



**Financial Policy**

***Private Insurance***

Billing insurance is a courtesy that we provide you, the undersigned Patient, or the undersigned person responsible for consenting on Patient’s behalf. We will accept assignment of insurance benefits if you provide our office with all **current** billing information needed for your insurance(s). Your insurance policy is a contract between you and your insurance company. This office is not a party to that contract. Please be aware that your insurance will not pay for all your healthcare costs, specifically as it relates to treatment in a chiropractic office. It will only cover services that it deems “Medically Necessary” per their specific guidelines. Maintenance/wellness chiropractic care, nutritional supplements, therapeutic modalities used for maintenance beyond your benefit plan visit limitations or services are often excluded from benefit plans.

**Please read and initial each statement below.**

- \_\_\_\_\_ 1. I understand it is ultimately my responsibility to know my chiropractic/physical therapy benefits and coverage, as our office is not responsible for verification of benefits.
- \_\_\_\_\_ 2. I agree and understand that **the patient portion is due at the time of service**. This includes copay, coinsurance, and deductible within contracted policy.
- \_\_\_\_\_ 3. I understand that Larson Chiropractic and Back in Action Physical Therapy will make all reasonable attempts to collect unpaid amounts from my insurance carrier(s) within 90 days of billing. After attempts to collect are exhausted, the bill will be my responsibility regardless of where the insurance claim(s) is in process, within contracted policy.

***Non-Insured Self-Pay***

We offer a Prompt Pay discount for chiropractic adjustments to patients who pay at the time of service. If not paid at the time of service, regular prices will be charged to your account.

***Minor Patients***

For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved payment plan. We are not a party to divorce details; therefore, the parent or responsible party who accompanies a minor will be responsible for covering all deductibles & copays, regardless of the divorce decree.

***Massages – Missed or Late Policy***

Due to the scheduling demands of our massage therapists, if you are late by 5 minutes or more, you may need to be rescheduled as well as incur a \$35 fee. We require 12-hour notice to cancel a massage appointment or you may incur a \$35 charge per half hour scheduled. These charges are not billable to insurance and you will be responsible for them. If you miss more than two massage appointments without notice, we will require prepayment for any future massages.

***Returned Checks***

A \$25 fee will be charged to the patient’s account for any checks returned for non-sufficient funds. We reserve the right to change a patient’s status to “Pay in full at the time of service” once they have had their check returned for non-sufficient funds.

***I have read, understand, and agree to the financial policy of Larson Chiropractic and Back in Action Physical Therapy. I understand that this account and others for which I’m responsible are ultimately my financial responsibility, regardless of whether insurance pays or not, within contracted policy.***

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date