



Bradley Chiropractic Center

4900 North Litchfield Road, Suite C-2 • Litchfield Park, Az 85340 • (623) 547-0922

Thank you for choosing Bradley Chiropractic Center as your healthcare provider. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of all of our policies is important to our professional relationship. The following is a statement of our policies. We require that you read, agree to, and sign prior to any treatment.

TO ALL OF OUR NEW PATIENTS

After completing the questionnaire forms, you will meet with the doctor to discuss your current health situation and to determine whether or not you will benefit from chiropractic care. The doctor will conduct a thorough examination to establish the extent of your problem. Then suggestions will be made as to whether x-rays will be necessary and what course of therapy to follow. On your following visit, the doctor will make further suggestions in reference to your treatment plan after he has had opportunity to review your case.

TO PATIENTS NOT USING INSURANCE

Full payment is expected at time of service. Our cash patient prices are as follows:

Initial appointment: \$100* & each additional visit: \$45

*we offer a military discount on the initial visit. Please ask for details.

TO PATIENTS USING HEALTH INSURANCE

Co-payments and/or coinsurance balances are due at the time of service. Insurance coverage is a contract between you and your insurance company; we file insurance claims as a courtesy to our patients. Your insurance company determines benefits when they receive our billings. Any statements made by our staff regarding your coverage are in no way a guarantee of coverage. **It is your responsibility to know your insurance coverage.**

TO PATIENTS USING MEDICARE

We will be happy to file claims with Medicare for services rendered in this office. The patient is responsible for payment of non-covered services. Please note: Medicare does not cover examinations, chiropractic x-rays, therapies or supplies.

FINANCIAL POLICY

You assume financial responsibility for the care given, regardless of insurance. Outstanding balances will be billed monthly and considered past due 30 days after invoice date. All past due balances are subject to a \$5 late fee. Balances beyond 120 days may be directed to a third party collections agency. NSF checks or rejected credit card payments will be charged a service fee of \$35 per occurrence. If you need to make financial arrangements other than those listed above you must contact our office promptly for assistance in the management of your account.

MISSED APPOINTMENTS

It is very important to your treatment plan to keep your scheduled appointments. If you are unable to keep your appointment, please contact us as soon as possible so we can schedule another patient during that time. For each and every "no call/no show" incident, you will be charged a \$25 fee.

OFFICE POLICY

Please be on time for your appointments. Arriving late or last minute cancellations will cause severe scheduling disruptions, which can interfere with the quality of care you and other patients receive. We gladly accept patients on a walk-in basis, although our patients with scheduled appointments will be treated first. Children are welcome here as patients. If you bring your children with you for your appointment, you are responsible for their actions at all times.

I have read and fully understand the above policies:

Patient signature: _____ Date: _____