

# **CRAFTON CHIROPRACTIC, INC. – FINANCIAL POLICY**

Payment is due at the time of service unless prior arrangements have been made.

Plan #1 Cash/Check

Plan #2 Charge Card We accept Visa & MasterCard

Plan #3 CareCredit We offer CareCredit Card – ask the receptionist for an application.

**Why use CareCredit?**

- A. 0% financing on initial charge. You have 90 days to pay off your first week's charges at **No Interest.**
- B. **No** initial payment needed to start treatment.
- C. **No** annual membership fees.
- D. Low monthly payments. Interest charge 1.75% per month.

Plan #4 Group Health Ins. You are responsible for payment of deductible and co-pay required by your insurance policy for all covered procedures. Any non-covered procedures would be your responsibility.

Plan #5 Medicare Currently, we do not accept Medicare reimbursement Medicare registration is being processed but may take months before it is issued. Please check with the receptionist for updated status.

Plan #6 Personal Injury We must be provided with the name of your insurance carrier, attending physician statement form and attorney information (if assigned).

Plans #7 Yearly or family plans A substantial savings on all services - ask for details.

I have read and understand my options for payment of services at Crafton Chiropractic, Inc. and realize that I can change plans at anytime. I also understand that health and accident policies are an arrangement between the insurance carrier and myself and authorize this office to release any and all medical records necessary to process my claim(s). Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance carrier and authorize direct payment from my insurance carrier to this office with the understanding that all monies collected from the carrier will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are my sole responsibility and that I am personally liable for payment for any and all services including, but not limited to, deductibles, co-payments and non-covered services. I further understand that I will be responsible for interest, collection fees, costs and reasonable attorney's fees for enforcing this agreement and/or for collection of any unpaid balance. I prefer Plan# \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date