

**BACKCOUNTRY CHIROPRACTIC
FINANCIAL POLICY**

This is an agreement between Dr. Scott Feldenheimer and you, the patient. By executing this agreement, you are agreeing to pay for all services that are rendered.

Payments: Payment for services is expected at time of service unless we approve other arrangements in writing prior to your appointment. Accounts are considered past due if not paid by the 25th of each month.

Payment options if you have insurance: You may choose to pay your portion, or co-pay, at the time of service by Cash, Check, or Major Credit Card.

Payment options of you have no insurance: You may choose to pay by Cash, Check, or Major Credit Card.

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show your previous balance, any new charges to your account, the finance charge, if any, and any payments or credits applied to your account during the month.

Finance Charge: A finance charge may be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The **Finance Charge** will be computed at the rate of one and a half percent (1 ½ %) per month, or an **Annual Percentage Rate** of eighteen percent (18%). The minimum finance fee is \$0.50.

Late Fee: A late fee of \$25 may be assessed on all charges that are not paid in full by the 25th of each billing cycle.

Insurance: Insurance is a contract between you and your insurance company. We are **not** a party to this contract. We will bill your insurance company as a courtesy to you. Although we will estimate what your insurance company may pay, it is the insurance company who makes the final determination of your eligibility. You agree and understand that **you** are responsible for benefits, payments, or any claim inquiries.

Returned Checks: There is a **\$50** fee for any checks returned by the bank.

Missed Appointment Fee: We require 24-hour notice in order to change any appointments. There is a **\$40** fee for all appointments that are missed or cancelled less than 24 hours in advance.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which may incur. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur, as well as all court costs. In case of suit, the venue will be in the Deschutes County.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After the divorce or separation, the parent authorizing treatment for the child will be the parent responsible for those charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Effective Date: Once you have signed this document, you agree to all of the terms and conditions contained herein. This is a legally binding agreement, and will be in full effect.

Assignment of Benefits: I hereby assign all chiropractic benefits, including alternative care health coverage to which I am entitled, to Scott Feldenheimer D.C., for services rendered and charges appropriated. If my claims are denied or unpaid due to lapse in coverage, lack of chiropractic coverage, unmet deductible, maximized benefits, or for any other reason, I am fully responsible for any outstanding balance.

Patient Name _____ **Date** ____/____/____

Signature of Responsible Party _____