



FINANCIAL POLICY- Auto Accident/Personal Injury

2105 E Clairemont Avenue, Eau Claire, WI 54701 (715) 835-9514, Fax (715) 835-2602

1. It is the policy of Stucky Chiropractic Center (SCC) that all services rendered are charged directly to you, the patient. Ultimately, you are responsible for the payment of all services, including those not reimbursed by third party payors.
2. This office does not promise that any insurance company will reimburse you for the usual and customary charges submitted by this office, nor will we enter into any dispute with an insurance company over the amount of reimbursement.
3. The privilege of having SCC submit your insurance claims begins after you have provided us with complete and accurate insurance information, our office “qualifies” your coverage to determine the extent of benefits under your policy, and you have assigned benefits to our office. You are 100% responsible for all services rendered until above conditions are met.
4. We require a minimum of \$50.00 co-payment for your initial visit and a \$10.00 co-payment on all subsequent visits.
5. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately payable in full, regardless of any claims submitted.
6. You, the patient, are responsible for resolving your outstanding balance beginning no later than 18 months from the date of your initial visit.
7. Once your med-pay limit on your auto insurance policy has been exhausted, you will be required to provide our office with your health insurance information or you will be responsible for payment at the time service is rendered.
8. If we are submitting claims to your health insurance, you will be responsible for any additional charges incurred for requests for records, narrative reports, etc. If the insurance company pays for this service, your money will be refunded.
9. It is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a doctor-patient relationship that works for our mutual benefit.

Date

Patient/Responsible Party Signature

Date

CA Signature