



Davenport Family Chiropractic

1120 Mars Hill Rd. Ste 105 • Watkinsville GA 30677 Tel: 706-310-0575 Fax: 706-310-0576

Insurance Policy

Health and accident policies are an arrangement between you and your insurance company. It is important for you to understand that we do not enter into this arrangement other than to file your charges as a courtesy and that all health services rendered are charged to you and are your personal responsibility.

1. It is the **policy** of this office to extend to our patients the courtesy of allowing you to assign your insurance benefits directly to us.
2. Our office will qualify your insurance coverage in an effort **to help you determine exactly what chiropractic coverage is available to you** under your policy. Please be aware that your insurance will not make a guarantee of payment and that your portion might be larger than predicted.
3. We are happy to extend the courtesy of filling your insurance claims for you. **Deductibles and all co-payments** (co-payment is that part of our service that is not paid by your insurance) **are expected at the time of service.** A co-insurance balance may not exceed \$50.00 or professional care will not be rendered.
4. **Sometimes insurance companies delay payment** for whatever reason. In the event we have not received a response of payment from your insurance company within **60 days, those charges will be your responsibility.**
5. **If the insurance company has not paid on the claims within 3 months, the patient will be responsible for all of the accrued charges.**
6. Since **we do not own your policy** and since from time to time we experience difficulty in collection from insurance companies, and since **insurance assignment is a privilege**, it may be terminated at any time. Of course, we will give ample notice and ask that you act in your own behalf with your insurance company.
7. **This office does not promise that any insurance company will pay for the usual and customary charges of this office, nor will this office enter into any dispute with an insurance company over reimbursement or the amount of reimbursement**
8. Should you **discontinue care for any reason**, other than discharge by the doctor, any and all balances due will become immediately due and payable in full by you, regardless of any claims submitted.
9. When making health care decisions, it is important to remember that **you, the patient, are ultimately financially responsible for any services rendered**

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.

By hereby signing this Insurance Policy, I state that **I fully understand** all statements made herein and that any questions I have about the insurance policy have been answered in full.

Patient's Signature

Date

Patient's Name

Staff Signature