



# ***Davenport Family Chiropractic***

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

## **Insurance Policy**

1. 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.
2. We are happy to extend the courtesy of filing your **in-network** insurance claims for you. **Deductibles and all co-payments or co-insurance** (any part of our service that is not paid by your insurance) **are expected at the time of service.**
3. **Sometimes insurance companies delay payment** for whatever reason. **If the insurance company has not paid on the claims within 3 months, the patient will be responsible for all the accrued charges.**
4. Should you have a past due balance on your account, services will not be rendered until the balance is paid.
5. Should you **discontinue care for any reason**, other than discharge by the doctor, all balances due will become immediately due and payable in full by you, regardless of any claims submitted.
6. When making health care decisions, it is important to remember that **you, the patient, are ultimately financially responsible for any services rendered**

**Health insurance policies are an arrangement between you and your insurance company. It is important for you to understand that we do not enter 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.**

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.

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Patient's Signature

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Date

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Patient's Name