

PAYMENT POLICY

As a courtesy to our patients, we offer the following billing choices. Please initial the payment plan that applies to you then sign at the bottom of the page. Although we at Goodwin Chiropractic will contact your insurance company to verify your benefits; we recommend that you also call in order to fully understand your plan options. If you are aware of any limitations on your insurance benefits, please notify us immediately to allow us to try to maximize your coverage.

____ SELF PAY

I will pay for all services as they are rendered on the date of my visit. I understand that I may contact Goodwin Chiropractic for required documentation If I choose to submit my own insurance claims.

____ INSURANCE SUBMITTAL

I would like to assign my insurance benefits to Goodwin Chiropractic and have you submit my insurance claims for me. If applicable, I understand that I am responsible for obtaining any necessary preauthorization from my primary care physician. I understand that I am responsible for any balance as billed to me by Goodwin Chiropractic that results from co-payments, deductibles, or non-covered services. I will also sign over to Goodwin Chiropractic: within 5 business days any insurance checks mailed to me that are owed for services; received at Goodwin Chiropractic.

____ AUTO ACCIDENT/PERSONAL INJURY CLAIM

I was involved in an accident and would like to assign benefits to Goodwin Chiropractic and have you submit all charges to my insurance for me. I will sign all liens necessary to protect your office. I also understand that regardless of the settlement, I am personally responsible for the entire balance. If Goodwin Chiropractic is not paid within 30 days of the case settlement, I will personally pay the entire overdue balance.

Name (please print) _____

Signature _____ Date _____