

CATANIA CHIROPRACTIC PC BILLING POLICY

INSURANCE

Our office will submit the claim to your insurance company. Once your insurance company processes your claim you will be responsible for allowed charges. If insured by BC/BS, **you will be responsible for turning over all payments issued to you from BC/BS the DAY YOU RECEIVE IT (PLEASE ATTACH PAPERWORK WITH PAYMENT)**. If you cash a payment issued to you by your insurance carrier and do not reimburse our office the same day we will no longer send out claims for your visits. You will be handed a HCFA claim form and be charged at time of service.

CO-PAYMENTS / DEDUCTIBLES

All co-payments or deductibles are due at time of service.

STATEMENTS

Our office sends out statements the 1st of every month. There will be an added fee of \$3.00 to every statement that exceeds 30 days, \$6.00 to every statement that exceeds 60 days and 18% interest will be applied to statements that are 90 days overdue. If our office does not receive payment for a balance that exceeds 90 days, we will send it to collections. You can make payments to your account by cash, credit card, or check payable to CATANIA CHIROPRACTIC PC. Statements can be emailed. **We accept partial payment on all accounts until balance is paid in full.**

NO CALL / NO SHOW POLICY

We understand that situations arise that cause you to cancel or miss your appointment. We ask that you provide 24 hour notice if you need to cancel your appointment. Missed office appointments will be charged a **\$25.00 NO CALL/ NO SHOW** fee. Missed New Patient Exams will **not be able to be re-scheduled** at our office, since we reserve an hour time slot for these appointments. Please give us the courtesy of a phone call when you are unable to keep your appointments.

Please sign that you have read, understand and agree to this Catania Chiropractic PC Billing Policy.

Patient Name (Please Print)

Date of Birth _____

Signature of Patient or Patient Representative

Date