



Dr. Shanna Bissonette, DC

## **FINANCIAL and CANCELLATION POLICY**

Thank you for choosing In Line Chiropractic for your health care needs. We welcome you to our office and assure you that you will receive the very best care available for your condition. In order to familiarize you with our financial policy, the following is a general statement explaining how your medical bills will be handled.

**Financial Agreement:** This financial agreement is a contract between you, the patient or responsible party, and In Line Chiropractic. Many insurance policies do cover chiropractic care, but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for chiropractic care. Because of this variance and how each policy calculates the allowable percentage of Usual and Customary charges considered for payment we require that you be responsible for payment in full, regardless of your deductible or rate deductions made by your insurance company based on their fee schedule. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will, however, do our best to verify coverage and will bill your insurance in a timely manner as a courtesy service for you, provided we have your insurance carrier's information.

- Treatment Cost is \$80.00. Price increase Jan 1, 2022; updated since the last price increase, MARCH, 2006. New patient evaluation and examination is \$45, in addition to treatment.
- Payments will continue to be accepted at time of service, cash or check. Credit card payment is available for an additional 2.75% fee. Unless otherwise indicated, payment for services rendered is the responsibility of the patient.

**Non-Covered Items:** Non-covered items are services which may be determined by your insurance carrier as not medically necessary for the symptoms, diagnosis and/or treatment of a medical condition. In the event that all or any portion of an insurance claim is denied by the insurance carrier, the patient or the financially responsible party shall be financially responsible for ALL services rendered.

**Termination of Care:** If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered or unpaid balances are charged directly to you regardless of your insurance coverage.

### **Cancellation Policy:**

Not showing for an appointment without previously arranging to reschedule or cancel will result in the full fee being charged to the patient.

### **Patient Acknowledgement of Cancellation and Financial Policies:**

*I understand and agree to the above policies. I agree that if I do not show for an appointment without previously arranging to reschedule or cancel the visit, a cancellation fee of \$70 will occur and the responsibility of payment for such fee is the burden of the patient.*