

Back To Back Chiropractic

Professional Fee Schedule

Our experience has shown that it is wise to have an understanding with our patients about our office policies and fees. Therefore this form has been prepared for your convenience and information. We offer several methods of payment for your chiropractic care at our office, and you may choose the plan which best fits your needs. Please read carefully and choose the plan which you prefer. This information will enable us to better serve you and help avoid misunderstandings in the future. If special arrangements are necessary, please discuss them with the doctor. Our main concern is your health and well-being, and we will do our best to help you.

PLAN #1 - INSURANCE : If you have insurance which covers chiropractic care, we will bill your insurance directly. Please bring us an insurance claim form on or before your second visit, with your portion completed. Until we have the completed insurance information to verify chiropractic coverage, you will be required to pay for your care. In the event the check should come to you, you are expected to bring the check to us. Remember, insurance companies balk at " maintenance and long-term rehabilitation". Usually you will not get much help after your initial corrective care. Most ordinary health policies are designed and intended to only take care of acute problems so you should plan to get off insurance and be on your own when you get down to once a week or less. At this point, refer to Health and Life Extension Plan (ask doctor for details).

PLAN #2 - CASH : Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance.

PLAN #3 - INDUSTRIAL : You need to report your accident to your employer, bring in the necessary insurance information, and sign some industrial forms for billing by your second visit. We will bill your insurance directly.

PLAN #4 - AUTO/ PERSONAL INJURY : You need to supply us with the accident report, your car insurance, health insurance, the liable parties insurance, and the name of your attorney if applicable. Until necessary insurance information is gathered and verified for chiropractic care you will be required to pay for your care. We will bill your insurance directly after verification of coverage. In the event the check should come to you, you are expected to bring the check to us.

I qualify and understand the requirements for plan # _____

Signature: _____ Date: _____