



Renée J. Gordon, D.C.

Patient Financial Responsibility

Many insurance plans will reimburse for care at our office. While we are not contracted as a provider with any insurance company, coverage may be available to you if your insurance policy provides benefits for "out of network" chiropractors.

Payment will be collected at the time of service and we will provide you statements to submit to your insurance company for consideration of reimbursement directly to you. Payment for such services by insurance companies is neither implied nor agreed by this clinic. We take no responsibility for non-payment by insurance companies for services rendered at our clinic. **Your signature on this document indicates that you agree to pay for any charges or outstanding balances incurred in this office.** A written copy of our fee schedule is available upon request.

Initials

For those patients with Medicare:

Our office is not contracted with Medicare. **Medicare patients pay at time of service** and we will send your claims to Medicare for the consideration of **reimbursement paid directly to the patient.** Medicare will in turn handle any secondary insurance claims submission.

Initials

We will strive to work out feasible payment options for anyone in need of care. Unless other prior written agreements have been made, any outstanding balance more than 60 days old is considered delinquent.

Please note that cancellations require 24 hours advanced notice, any cancellations made on the day of your scheduled appointment may result in a \$35.00 charge for which you will be responsible. Patients arriving more than 15 minutes late may be rescheduled out of courtesy to other patients, and exceptions are at the discretion of the doctor.

I authorize the doctor to release all information necessary to communicate with personal physicians, other healthcare providers, collection agencies, and payers to secure the payment of benefits or inform them of concurrent treatment. By signing below I indicate that I have read, understand and agree with the terms on this page.

Signature

Date

CA Signature

Date