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Financial Policy

Our primary concern is for your health. Below are the options available to address your financial needs. Please read the following, initial the choice most appropriate for you and sign where indicated. Thank you.

To all our insured patients: as a courtesy to you, we will submit your billing to your insurance carrier for you. Insurance is an agreement between you and your insurance carrier. If your insurance company has a policy in which payments for services rendered are paid directly to you rather than the clinic, payment is due in full at the time of service. Should your insurance company deny payment for any reason, the balance due is still your responsibility.

Accounts over (90) days outstanding will be acted upon for collection. Collection costs are added to your account. A late fee of one percent (1%) accrued per month is charged on overdue accounts.

I understand and agree to the above financial policy and will abide by the terms of the **PAYMENT OPTION** I have initialed below.

Signature: _____

Date: _____

Payment Options: Please initial your choice.

- _____ 1. **Cash/Check/Credit Card:** PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE.
No billing is available for this option.
- _____ 2. **Health Insurance:** We recommend you call and verify your chiropractic benefits with your insurance company prior to your first visit. As a courtesy to you, we will also call to verify your coverage and discuss it with you
CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE.
- _____ 3. **On the Job Injuries (L&I):** Please notify your employer of your injury so they may file the necessary forms with workers compensation carrier. In an accepted claim, industrial insurance pays 100%. If the claim is disallowed or transfer of physician is not approved, industrial insurance does not cover any of the services rendered and the bill is your responsibility.
- _____ 4. **Motor Vehicle Accident:** We bill your insurance company on your Personal Injury Protection (PIP). Notify your insurance company or agent that you are under care at this office. A medical lien is placed on the claim to protect your medical payment benefits. **Patients without PIP use payment options #1 or #2 until the time of settlement or until the balance is paid in full.**
- _____ 5. **Medicare:** Medicare will cover a portion of visits per year after your deductible has been met. We are happy to bill your co-insurance (secondary) for you. Medicare does not cover examinations, x-rays, supplies, or maintenance visits. Payment for services not covered by Medicare are due when rendered. Please see Medicare Advance Beneficiary Notice form.

Authorization to Release Information: I hereby authorize North Island Chiropractic & Wellness to release any information requested by the insurance company to process the claim.

Signature: _____

Date: _____