

Chiropractic Pain and Injury Center's Financial Agreement

- **Private Pay:** In order to qualify for cash prices, payment is due at the time of treatment. If a patient cannot pay at the time of services, they are expected to pay regular fees as set by insurance carries and this office.
- **Insurance:** if you have insurance that covers chiropractic care, CPIC would be glad to fill out all paperwork regarding your condition and treatment. We will file directly for payment of services rendered each visit on your behalf, after verbal verification of your coverage from your insurance carrier. As the patient, you will be responsible for any fees or services not covered by your insurance policy. Any co-pay is due at the time of service and you may be asked to pay a portion of your deductible and/or coinsurance if applicable, at the time of service.
 - **Note:** Insurance is an agreement between the patient (YOU) and their own insurance company, not the patient and the doctor. Treatment will be set according to the patient's needs and not by who will be paying for services rendered.
- **Automobile Insurance:** If you have been in an automobile accident and would like to file with automobile insurance, CPIC will be happy to deal directly with the insurance company, provided they would accept an assignment of benefits. An assignment of benefits indicates that the insurance company will make payments directly to CPIC for services rendered and billed.
- **Worker's Compensation:** In order for your worker's compensation claim to be valid we must have verbal as well as written authorization for treatment from your employer as well as verbal authorization from your employer's worker's compensation benefits carrier. A member of this office will take care of this before or during your first visit.

Authorization and Assignment

In consideration of Chiropractic Pain and Injury Center, henceforth CPIC, undertaking to treat me, I agree to the following:

1. CPIC is authorized to release any information we deem appropriate concerning my physical condition to any insurance company, attorney, or adjuster in order to process any claims for reimbursement of charges incurred by me.
2. I authorize to direct payment to CPIC of any sum I now or hereafter owe CPIC by my attorney out of the proceeds of any settlement of my case, and by any or otherwise obligated to make payment to me or based in whole or in part upon the charges made for CPIC's service.
3. In the event any insurance company obligated by contractual agreement to make payment to me or to CPIC for the charges made for CPIC's services refuses to make such payment upon demand by CPIC, I hereby assign and transfer CPIC to prosecute said action either in my name or by CPIC's name as CPIC sees fit. **However, it is understood that I remain fully responsible for any amount due on my account regardless of circumstances.**
4. I agree to make full payment to CPIC at the time of service rendered unless other arrangements are made in advance of treatment.
5. If any amount is billed to me on a monthly statement, for a deductible or cash balance due, or for any other legitimate reason, I agree to pay the full amount due by the first day of the following month. I also understand that if I fail to make full payment, a 10% interest charge will be added to my total balance and is due immediately.
6. In the event that payment is not made and further action is necessary to enforce payment, I agree to pay any and all collections costs, court costs, and reasonable attorney fees required to collect the amount due on my account.

If you have any questions or concerns regarding our financial policies or authorization and assignment, please ask our staff before signing acknowledgment on your Welcome Sheet. We will assist you in filling out any forms necessary, as well as explain payment arrangements that are in line with our financial agreement per your situation.

***Copies of all CPIC policies can be obtained either upon request at our office or on our website CPICLexington.Net**