

Patient Financial Profile

Brewer Chiropractic Clinic
702 IH 20W, Suite 100
Arlington, TX 76017
(817) 467-2010

Health Insurance

Brewer Chiropractic Clinic is happy to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We will file your claim forms and assist you in every way we can. However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance.

Office Policy Regarding Insurance Assignment

1. Taking insurance on assignment means we will have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
2. Your insurance should pay within 30 days. If your payment is not received within 60 days, you will be responsible for any balance due at that time. You will be responsible for receiving reimbursement from your insurance company. If your insurance company still sends the payment to Brewer Chiropractic Clinic, we will reimburse you after verification that your account is up to date. If you have a remaining balance we will apply that portion of reimbursement to pay your overdue account.
3. We will bill your insurance on 30 day cycles as long as you are receiving Chiropractic care in this office.
4. You are responsible for paying your deductible and/or co-pay, as well as any amount not covered by your insurance, at the time of each visit. After receipt of payment from your insurance company, you will be informed of any amount still outstanding on your account, and you agree to pay any outstanding balance in that billing cycle. This office accepts cash, check or bank card as payment.
5. Our office **can not** guarantee your insurance will pay. Although we make every effort to verify coverage through your insurance company, there have been occasions when we received inaccurate information from them. Therefore, if for any reason, your insurance claim is denied, or reduced you will be responsible for payment of all remaining balance on your account.
6. You will be asked, at the time of your first office visit, to sign an "Authorization, Assignment & Acknowledgement" form and any other assignment documents required by your insurance company.
7. Our office **will not** enter into a dispute with your insurance company over your claim. This is your responsibility.
8. All special arrangement regarding finances must be signed by the patient **and** a representative of Brewer Chiropractic Clinic.

Signatures

If you understand and agree with all of the above policies, please sign below. We will accept your insurance assignment when coverage is verified.

Print Name

Signature

Date

Representative of Brewer Chiropractic Clinic

Date