



2124 W. Galena Boulevard, Suite 104 • Aurora, Illinois 60506  
(630) 897-1895 • Fax (630) 897-2043

## **Olson Chiropractic Financial Policy**

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payments for services are due at the time services are rendered unless our office manager has approved payment arrangements in advance. We accept cash, checks, credit cards and post-dated checks. We will be happy to help you process your insurance claims. If approved, we may accept assignment of insurance benefits.

Returned checks and balances older than 30 days may be subject to interest rate charges of one and one half percent (1-1/2%) per month. Additional collection or attorney fees are subject to the previous rates and conditions, as well as any related court costs. Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice, at the discretion of the office.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

However, you must realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some companies arbitrarily select certain services they will not cover.

We must emphasize that, as chiropractic care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date of services rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you. Welcome to Olson Chiropractic!

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_