

*Sussex Chiropractic, Wellness & Massage*  
*N63 W23524 Silver Spring Dr, Suite 4*  
*Sussex, WI 53089*  
*262-246-8811*

## ***Financial Policy***

Your insurance policy is an agreement between you and the insurance company. It is important that you understand your health and accident benefits listed in you policy. You or your guardian is personally responsible for any charges for services which are rendered to your account. There are many variations in the HMO's and PPO's of today. As a courtesy to you, our office will also call your insurance company to verify insurance coverage, **BUT** this is not a guarantee of what the insurance company will pay. We will try, to the best of our ability, to **ESTIMATE** what your co-insurance/co-pay will be at each visit. We request that you call your insurance company to get your Chiropractic Benefits within the first week of care.

**It is our Office Policy to collect any deductibles, co-insurances or co-pays at EACH visit unless other arrangements are made.**

**ONCE NOTIFIED BY THE INSURANCE COMPANY THAT SERVICES RENDERED ARE NOT PAYABLE UNDER THE "MEDICAL NECESSITY" CLAUSE IN YOUR CONTRACT, YOU AGREE TO ACCEPT FULL RESPONSIBILITY FOR THOSE SERVICES.**

Any overpayment made by your insurance company on your account will be refunded. Any balance not paid by the insurance company ultimately becomes your responsibility. If care is terminated by the patient or the doctor, payment for services is due in full immediately. A late fee of 1% per month will be assessed to the unpaid balance after 30 days.

In signing this form, I have read and understood this information.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_