



PAYMENT POLICY

As a courtesy to our patients, we offer the following billing choices. Please initial the payment plan that applies to you then sign at the bottom of the page.

Although we at Active Chiro Center (ACC) will contact your insurance company to verify your benefits, we recommend that you also call in order to fully understand your plan options. If you are aware of any limitations on your insurance benefits, please notify us immediately to allow us to try to maximize your coverage.

SELF PAY

I will pay for all services as they are rendered on the date of my visit. I understand that I may contact ACC for required documentation if I choose to submit my own insurance claims.

INSURANCE SUBMITTAL

I would like to assign my insurance benefits to ACC and have ACC submit my insurance claims for me. If applicable, I understand that I am responsible for obtaining any necessary preauthorization from my primary care physician. I understand that I am responsible for any balance as billed to me by ACC that results from co-payments, deductibles or non-covered services. I will also sign over to ACC within five (5) business days any insurance checks mailed to me that are owed for services received at ACC.

AUTO ACCIDENT / PERSONAL INJURY CLAIM

I was involved in an accident and would like to assign benefits to ACC and have ACC submit all charges to my insurance for me. I will sign all liens necessary to protect ACC. I also understand that regardless of the settlement, I am personally responsible for the entire balance. If ACC is not paid within thirty (30) days of the case settlement, I will personally pay the entire overdue balance.

WORKER'S COMPENSATION CLAIM

I was involved in an injury at work. I will ensure that my employer files the appropriate paperwork as needed for ACC to receive compensation. I understand that it is within my rights as a California resident to have any bills paid that are incurred as a result of a work related injury. If after sixty (60) days of my visit to ACC my claim is not paid, I understand that I am responsible for the overdue balance.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____

TODAY'S DATE _____