

Financial Policy
M^cCracken Chiropractic & Wellness Center
284 Central Way
Kirkland, WA 98033

Thank you for choosing us as your health care provider. We are committed to the success of your treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to treatment. If at any time you have questions regarding any treatment, fee, or service, please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding or rectify an injustice.

INSURANCE

As a courtesy to you, we will bill your insurance carrier for you. All co-payments, deductibles, and payments for supplements, supports, and other “non-covered” services are due at time of service unless prior arrangements have been made. Payments may be made by cash or check. No Visa, MasterCard, or any other credit/debit cards are accepted. If you are unable to pay in full, it is your responsibility to contact our billing department to set up an agreeable payment plan. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

UCR (USUAL AND CUSTOMARY RATES)

Our practice is committed to providing the best treatment possible for our patients, and we charge what is usual and customary for our area. You are responsible for payment in full, regardless of any insurance company’s arbitrary determination of usual and customary rates.

INJURIES/ACCIDENTS INVOLVING LITIGATION

We will make every effort to recover our fees from all available sources, including your health insurance and any med-pay benefits that are available on your auto insurance policy. We will then wait to collect any unpaid balances until after a settlement is reached. It must be understood, however, that the payment of the balance is ultimately your responsibility.

WORKER’S COMPENSATION

Our office will file worker’s compensation claims. It is your responsibility to contact your employer to establish a worker’s compensation claim. If the claim is denied, we will bill your personal health insurance carrier. If the claim is unsettled or unpaid within 90 days, you will receive a statement from our office.

MINOR PATIENTS

An adult must accompany the minor at the time of the first visit. The adult accompanying the minor is responsible for payment of the account.

MEDICARE

We accept Medicare assignment. We will also file the claim to any secondary insurance that you may have.

MISSED APPOINTMENTS

Missed appointments are not something we will ever bill you for! We understand that things come up and that some of us “forget” occasionally. All that we ask is a common courtesy phone call to reschedule your appointment.

PATIENT STATEMENT

I have read and understand the Financial Policy of McCracken Chiropractic & Wellness Center. I understand that I am ultimately responsible for the payment of any services or products received at this office. I also understand that I will be responsible for any fees related to collecting my unpaid balance, including reasonable attorney fees.

Signed _____ Date ____/____/_____
(Patient or Guardian if patient is under 18 years of age)