SPORTS CHIROPRACTIC INSTITUTE

1290 W. Spring Street, Suite 130, Smyrna, GA 30080
PH 770-438-8990 FX 770-438-0615

Financial Policy & Cancellation Policy

If you are a member of an HMO, POS, or PPO plan, who we have contracted with to be a provider of health care, it is your responsibility to:

- Provide us with the correct information required in filing a claim; insurance care, patient ID number, employer, date of birth, address and social security number. This information is requested on the Patient Registration Form, which is completed during the initial or subsequent visit.
- Pay your deductible, co-payment, or total balance at time of service.

Due to the numerous insurance companies and their different policies, we cannot be responsible to know the exact conditions of your individual policy and insurance company even if we are a provider.

It is the **patient's responsibility** to know if the insurance company requires prior authorization for office visits, x-rays, and the amount of your co-payment/deductible. It is also your responsibility to know how many office visits your insurance company allows per year and to keep track of these visits.

If you are not utilizing insurance for payment, you are personally responsible for payment of services rendered. We gladly accept cash, MasterCard, and Visa. Personal checks are accepted with proper identification. Please note there will be a **$25 service charge on all returned checks**.

Your appointment if reserved especially for you. Kindly give at least 24 hour notice if you are unable to keep your appointment. Patients who do not give at least 24 hour notice will be charged a **$25 missed appointment fee**.

In the unfortunate event that a bill remains unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, the patient will be assessed a 30% surcharge.

By signing below you acknowledge that you have read and understood the policies noted above.

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Signature Date

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Witness Signature Date