

ENGEL CHIROPRACTIC, INC.
26597 N. Dixie Hwy., Ste. 159
Perrysburg, OH 43551
419-874-9744

OFFICE POLICY

If you do not have insurance coverage of any kind, you will be expected to pay for services in full at each visit. We accept checks, Visa, MasterCard, Discover, American Express and cash.

For those patients who are covered by insurance, we will accept assignment of benefits to our office. If you have a co-pay, it is due at the time of service. If you have a deductible that has not been met for the year, you will be required to pay at least half of the charges during each office visit here until your deductible has been met.

Whether you are covered by insurance or not, we offer a 10% discount for full payment made at the time of service to all patients. If you choose our discount option and you plan to use your insurance, you must then file your own claims. This discount does not apply to products or supplies.

We will assist you in dealing with your insurance company, but you are ultimately responsible for any payments due that your insurance does not cover, no matter what the reason. If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for any expenses incurred in collecting your account, including collection agency fees and/or attorney fees.

As a courtesy, we will check on your benefits and limits if any, regarding your insurance company and chiropractic coverage, although it is ultimately your responsibility to know this information.

If you have any questions that remain unanswered before or after treatment, feel free to ask. We value you as a patient and want to do everything we can to keep you healthy.

I have read and understand the above office policy.

Patient Signature

Date

Witness

Date