

ADVANCED CHIROPRACTIC GROUP

Neils C. Larson, D.C.
5266 Hollister Ave, Ste. 101
Santa Barbara, CA 93111
Telephone: (805) 681-7322

INSURANCE FINANCIAL POLICY

It is important to remember that while most insurance policies do cover chiropractic care, you are responsible for all charges incurred at this office based on your insurance policy provisions. Your insurance company is only obligated to reimburse you according to the provisions of your contract with them.

Charges:

Exams: Initial (\$60.00 - \$155.00), Progress (\$50.00 - \$95.00)
Normal Office Visit: \$50.00, \$60.00 & \$70.00 (depending on number of areas adjusted)
Physical Therapy: \$10.00 to \$25.00 per modality or procedure.

____ **I understand that there is a 24 hour cancellation policy and I will be charged a missed appointment fee of \$40.**

Payment Agreement:

____ I agree to pay my deductible and co-payments at the time of service and to assign my insurance benefits to the office. *We make every effort to accurately estimate your insurance benefits. Our original quote is subject to change by your insurance company when the claim is processed. If you have further questions about your coverage and benefits, we encourage you to contact your health insurance company directly.*

Assignment of Benefits:

____ I assign all chiropractic benefits to which I am entitled. I authorize and direct my insurance carrier, including Medicare, private insurance, and any other health/medical plan, to issue payment directly to Neils C. Larson for healthcare-related services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

I have read, understand, and agree to the above.

Patient's Signature

Date