

FINANCIAL POLICY

PAYMENT:

1. Payment for all visits, supplements, and labs is expected at the time of service, unless some other pre-approved payment arrangement is made with the office.
2. Cash, check and Mastercard/Visa/Discover are accepted forms of payment
3. If a payment cannot be made on the day of service, post-dated checks are acceptable.

INSURANCE:

4. Some insurance policies offer full or partial coverage for Chiropractic or Naturopathic care. Our billing department will submit the appropriate billing forms, if Dr. Dumovic is a provider for your insurance company. However it is your responsibility as the patient to verify with your insurance carrier if your particular plan has coverage for the care you are receiving.
5. Some insurance plans require a referral from your PCP (Primary Care Physician) in order for the treatment to be covered by your insurance company. It is your responsibility to know if your insurance plan requires one, and to obtain it from you PCP prior to your appointment with this office. In the event that no referral is in place, you are still responsible for any non-covered expenses.

ON-THE-JOB INJURIES:

6. Workman's Compensation does provide for Chiropractic & Naturopathic care. On-the-job injuries are billed by the office to the State and private L&I agencies. Payment for denied claims is the responsibility of the patient.

PERSONAL INJURIES/AUTO ACCIDENTS:

7. Auto accidents or personal injury cases are billed by this clinic with verification of your insurance company or attorney. It the patient's responsibility to obtain policy and claim numbers for the Personal Injury Protection (PIP), insurance coverage, the adjuster's name, and the billing address. It is also the patient's responsibility to obtain an attorney to help in the settlement of all medical fees, emotional trauma, attorney fees, and any time loss incurred.

GENERAL POLICY FOR ALL OF THE ABOVE:

8. There is a \$36.00 charge for all returned checks.
9. We request a minimum of 24 hours notice for appointment changes and cancellations. Not giving adequate notice of cancellation or missing an appointment will result in a minimum \$35.00 charge. We reserve the right to charge up to the full amount of the missed appointment. Please note: If you are 15 minutes late for a chiropractic appointment or 30 minutes late for a Naturopathic appointment you have missed your appointment and will need to reschedule.



I have read and understand this Financial Policy. I hereby authorize Dr. Dumovic to perform diagnostic tests deemed necessary for my care, and to perform any and all forms of treatment, medication, and therapy that are indicated, and that I am in agreement with, which are in accordance with the Standards of Naturopathic/Chiropractic medicine. I hereby authorize the doctor to release any information required by my insurance company to expedite payment of claims submitted. I also authorize my insurance benefits to be paid directly to Dr. Dumovic, and understand that I am financially responsible for any services not covered by my insurance carrier. I agree to pay any outstanding balance in a timely manner.

PRINT NAME: _____ **SIGNATURE:** _____

WITNESSED BY: _____ **DATE:** _____