



Chiropractic Physician  
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## FINANCIAL POLICIES

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic care here at our office, and you may choose the plan which best fits your needs. Please read carefully and choose the plan that you prefer. This information will enable us to better serve you and help us to avoid misunderstandings in the future. Our main concern is your health and well being, and we will do our best to help you.

### PLAN #1: CASH

The cash plan means that ALL FEES are to be PAID AT THE TIME SERVICES ARE RENDERED.

### PLAN #2: INSURANCE

If you have insurance, which covers Chiropractic services, we will bill your insurance company directly. However YOU are responsible for the portion which your policy may not cover. For example:

- A. Most insurance plans have a deductible (usually the first \$50, \$100, or \$150 that the insurance company does not pay) which must be paid before the plan is in effect.
- B. Most insurance plans provide 80% coverage for your Chiropractic Care. Therefore, you must pay the remaining 20% (called co-insurance), at the time services are rendered.

In summary, if you have an insurance plan which provides 80% coverage and has a \$50 deductible (on the first visit) and the 20% co-insurance on each visit.

REMEMBER, your insurance policy is a contact between you and the insurance company, NOT the doctor. You are personally responsible for any charges not covered by your insurance. This plan is provided for your convenience.

PLEASE BRING AN INSURANCE CLAIM FORM IN AS SOON AS POSSIBLE, WITH YOUR PORTION COMPLETED.

### PLAN #3 CHARGE

For the convenience of those who wish to charge payment for services rendered, we extend credit through the use of VISA & MASTERCARD at the time services are rendered.

### PLAN #4 INDUSTRIAL INJURY

If you have been hurt while working, this will be classified as an industrial injury. If all requirements are met, the patient will not be responsible for payment while under care for this injury. However, if your employer or you neglect to meet the requirements of this office, you will become responsible for all charges incurred.

PLAN #5: PERSONAL INJURY

If you are in an accident or any type of personal injury suit, we will render care, send the bill to your attorney, and wait until settlement of your claim before requiring payment. The following must happen:

1. You should pick an attorney, and they must verify that they are handling the case.
2. Your attorney must send a letter of protection to this office.
3. The patient and the attorney must keep us up to date as to any changes or conditions in the case.

This plan is for the convenience of those who need immediate care and are involved in legal work, which will delay payment for treatment.

I AGREE TO USE PLAN # \_\_\_\_\_ FOR THE CHIROPRACTIC CARE THAT I NEED.

IF FOR ANY REASON, THE RECOMMENDED CHIROPRACTIC CARE IS NOT COMPLETED, THIS AGREEMENT WILL APPLT ONLY TO THE SERVICES ACTUALLY COMPLETED, AND IN NO WAY OBLIGATES ME TO CONTINUE THE COURSE OF TREATMENT RECOMMENDED.

\_\_\_\_\_  
(PATIENT SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)