



Chiropractic Physician
Applied Kinesiology
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OFFICE POLICY – INSURANCE ASSIGNMENT

THIS OFFICE WILL TRY TO ASSIST THE PATIENT WHENEVER POSSIBLE:
IT MUST BE UNDERSTOOD:

1. Waiting for insurance payment is a courtesy. If you should receive checks for our services, please bring them in or mail them immediately.
2. Please bring in any correspondence that you receive from your insurance company in reference to our bills.
3. Patient statements and insurance billings are prepared on a cycle.
There can be no deviation from this.
4. The patient must stay current with their responsibility-(e.g.- insurance pays 80% of the bill, the patient pays 20%)
5. All deductible amounts must be paid prior to insurance submittal.
New calendar year deductibles must be met each time they are required by your company.
6. The first office visit fee must be paid in full – regardless if patient deductible has already been met earlier in the year.
7. When the office receives a check-
 - a) If there is an overpayment, the patient will receive a credit on the personal side of their financial card.
 - b) If there is an underpayment, the patient will be responsible for the difference.
8. This office does not promise that an insurance company will pay. Nor does the office promise that an insurance company will or should pay the fees charged. In addition, we cannot guarantee that the information we are given when verifying benefits is accurate.
9. The office will not enter into a dispute with an insurance company over reimbursement. This is the patient's obligation.
10. The fees charged at this office may be higher or lower than other offices. A schedule of services and fees may be secured from the receptionist. Please familiarize yourself with these.
11. Regardless of whether you are a cash patient or have insurance, personal balances are not to exceed \$40.00 at any time. In the event that a \$40.00 balance does occur, no further service can be rendered until the balance has been paid. If you currently have a balance over \$40.00 you have 30 days to pay in full.
12. We give our patients receipts for all personal payments. Please retain these for your taxes. In the event that you need a statement for taxes or any other reason, the charge will be \$10.00 in advance.
13. There will be a \$20.00 service charge for all returned checks.
14. Chronic missed appointments (3) without phone notification will result in a \$10.00 surcharge to the patient.
15. An appointment must be made with the billing department to discuss health insurance claims and/or payments.
16. A patient will remain paying cash until the proper information is obtained. i.e. insurance form filled out and signed, copy of insurance card, and proper verification from the insurance company.
17. All treatments are by appointment only.

THERE CAN BE NO EXCEPTIONS TO THE ABOVE
WE WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.

PATIENT SIGNATURE _____ DATE _____
(parent or guardian if patient is a minor)