



### Patient Responsibility Contract

At Back and Neck Wellness Center, we are more than willing to bill insurances for your treatments. That being said, not all insurance companies cover treatments in full. Insurance coverage depends solely on your specific insurance plan. You, the patient, are responsible for any balance the insurance did not cover. We accept patients who do not have insurance or choose not to use their insurance. You, the patient, are responsible for payment at the time of service.

**Doctor Hopping** In the event I use more than one provider for chiropractic and use my max benefits while getting services. I understand that I become responsible for what my insurance does not pay.

**Not insured** I understand that I am responsible for all treatment costs and that the treatment will be paid in full at the time of service. **If I cannot pay at the time of service, I understand that there will be a \$10 charge added.**

- **Copay** I understand that I am responsible for paying my copay at the time of service. If I do not pay my copay, I will be billed for it.
- **Deductible** I understand that if my insurance determines that I have not met my deductible, I will be responsible for paying what insurance does not cover.
- **Collections** In the event that I do not pay, I understand that I am responsible for all costs of collection.

I understand that I assume full financial responsibility for services rendered to me if my insurance carrier denies or does not fully cover the treatment. I understand the terms of this form and accept financial responsibility with or without the use of insurance coverage. I understand that payment is expected from me within 30 days of receiving my first bill.

→ **Printed Name:** \_\_\_\_\_

→ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_