

Johnson Chiropractic & Rehabilitation

Advanced solutions for pain relief

2821 Lexington • Butte, MT 59701
(406) 782-0280 • backdr@mcn.net

Office Policy Regarding Assignment of Benefits

Our office will accept your insurance on assignment. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance over policy limitations or issues. This is your responsibility and obligation. **YOU ARE FULLY RESPONSIBLE FOR ALL CHARGES INCURRED AND ANY AMOUNTS NOT PAID BY YOUR INSURANCE COMPANY.** We are not a party to that contract.

1. Since by accepting your insurance on assignment, we have to wait for payment, this courtesy may be withdrawn if circumstances warrant.
2. Our office will make every attempt at the beginning of your care to verify your policy benefits. However, this office does NOT guarantee your insurance policy or payments.
3. You will be responsible for your deductible and co-payment, unless payment arrangements are made. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we/you are aware of the denial.
4. By accepting your insurance assignment, our office agrees to wait for a portion of your bill for an estimated amount of time. In the event that your insurance company does not pay on a timely basis, you may be asked to pay the remaining balance.
5. If your insurance company mails a check directly to you for our services, you must bring the misdirected check to our office within 48 hours.
6. If you discontinue care without the doctor's authorization, the balance of your account is due and payable immediately, even if your insurance has been filed. If your insurance does pay after your account has been paid, refunds will be promptly sent to you.
7. After 90 days, past due accounts where financial arrangements have not been made, will be submitted to a collection agency.
8. Personal injury cases: your Personal Injury Protection Insurance will be billed. If funds should exhaust, then we will bill your major medical insurance.

We realize that temporary financial problems affect timely payment of your account. If such problems do arise, **we encourage you to contact us promptly for assistance in the management of your account.** This will keep costs down for you, as well as for this office.

If you have read and fully understand the above policies, please sign below and we will accept your insurance assignment. Should you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask.

Patient _____

Date _____