

Purcell Chiropractic
1205 N. Green Ave.
Purcell, OK 73080
Phone: (405) 527-3323 Fax: (405) 527-4595
Dr. Aaron Perkins

OFFICE FINANCIAL POLICY

Cash

All patients are on a cash basis until their respective insurance coverage and deductible can be verified by our staff.

This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.

Insurance

If you have insurance, we gladly accept assignment with the following exceptions and regulations, provided we have prior certification from your insurance company.

We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company, and will not enter into any dispute with them, as your contract is between you and your insurance company.

If your insurance company requests information from you and you fail to respond, you will be responsible for your entire bill.

All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due. If any over-payment exists after all insurance billing has been done, we will issue an over-payment check.

Any services not covered by your insurance will be your responsibility.

This office will resubmit a claim ONE TIME. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed charges will be treated as uncovered services and you will be expected to pay such charges in a timely manner.

If you are referred to another specialist, or discontinue care for any reason other than discharge by the doctor, your bill is due and payment is expected immediately; regardless of any claims submitted.

If you have questions concerning this or any other matter, please speak with the office manager prior to seeing the doctor.

I have read and understand the Office Financial Policy and agree to abide by these terms.

Patient's Signature

Date

