



Avon Park Chiropractic Clinic
 1590 US 27 North • Avon Park, FL 33825
 Phone: (863) 453-5777 • Fax: (863) 453-9737

www.avonparkchiro.com • info@avonparkchiro.com

W. Patrick Danzey, D.C.P.A. • David A. Boersma, D.C.P.A. • David J. Marinock, D.C.

Patient Financial Policies and Agreement

Insured Patients

- As a courtesy, APCC will verify your insurance benefits to the best of our ability via internet or customer service lines. Some insurance cannot be verified on holidays, after hours, or weekends. Additional payment may be due after your insurance company processes your claim according to your benefits. It is in the patient's best interest to know their deductible, copays, and coverage prior to appointment.
- APCC will not be held responsible for disputes regarding your insurance coverage. If there is a dispute regarding deductibles, copays, or coverage, it is the **patient's responsibility** to contact their insurance provider directly.
- Unless other arrangements have been made in advance by either yourself or your insurance provider, full payment is due at the time of service.
- It is the patient's responsibility to disclose any change of insurance prior to their appointment.

Release of Medical Information and Assignment Benefits

I authorize the release of my medical information necessary for filing health insurance claim forms by Avon Park Chiropractic Clinic. I also authorize my insurance carrier(s) _____ to make payment directly to Avon Park Chiropractic Clinic.

Signature: _____ Date: _____

Out-of-State Residents

Please provide your secondary address: _____

Uninsured/Self-Pay Patients

Payment is due in full at time of service. *Please note that insured patients are welcome to utilize private pay rates, but must understand that no charges will be billed to your insurance and there will be no credit applied toward your deductible.

Private Pay Rates

Initial Exam	\$55.00
Re-Exam	\$35.00
X-ray	\$100.00 - \$120.00 each set
Spinal Manipulation	\$60.00
½ Hour Massage	\$40.00
1 Hour Massage	\$70.00
Missed Massage Appointment Fee	\$20.00

I have read and understand the above financial policy. I understand that regardless of my insurance claim status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered. If I am the parent or legal guardian of a minor child receiving chiropractic treatment, I understand that I am responsible for all services rendered to the minor patient. I understand that Avon Park Chiropractic Clinic only accepts payments in the following forms: Cash, Check, Visa or MasterCard. Postdated checks will not be accepted. There is a \$30.00 return check fee payable by cash or money order ONLY. You may be placed on a cash only basis following any check return.

 Signature of Patient, Parent or Guardian

 Date

 Printed Name

 Relationship