Elevated Chiropractic

Elevated Chiropractic
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INSURANCE AND PAYMENT POLICIES

My goal is to provide you with the highest quality of care at a reasonable cost. I will try to estimate your financial responsibility before your visit. Your insurance contract is between you and your provider but as a courtesy to you, I will submit the claims to your insurance provider. However, it is your ultimate responsibility to pay the required copayments, deductibles, coinsurances or non-covered amounts at the time of service. Patients will be expected to pay for services in full at the conclusion of their appointments.

PATIENT MISSED APPOINTMENT POLICY

I am committed to fully assisting you with your health care needs and thus, you are expected to attend all of your appointments. I am reserving this time specifically for YOU. If you need to cancel or reschedule an appointment, please do so 24-hours prior to your appointment time. A $30 fee will be charged for sessions missed without such prior notification. This fee will be due prior to your next treatment (insurance is not responsible for this fee). All cancellations and no-shows are documented in our system as part of your record. I understand there are occasional emergency situations and appreciate your consideration of my time. In instances of repeated non-compliance with scheduled visits, I reserve the right to discontinue care. By signing below, you agree to this policy.

Signature_____ **Date**_____