

ABC CHIROPRACTIC, INC.

Meredith L. Oudt, D.C.
2654 Valley Avenue, Suite E
Winchester, VA 22601

FINANCIAL POLICY

Thank you for choosing **ABC Chiropractic** as your family's Chiropractic health care provider. We are committed to you and your family's health.

Please understand that payment of your bill is considered part of your health care. We believe everyone benefits from a clear financial agreement before care begins. Payment is due in full on the date of service unless other arrangements are made in advance.

ABC Chiropractic has employed an outside billing company to submit your insurance claims on your behalf, when appropriate. If for any reason the insurance payments would be sent to ABC Chiropractic, Inc., these payments will be applied to any existing balance on your account.

Interest: All balances are the responsibility of the patient and must be satisfied immediately. You will have a grace period of 25 days without interest. Balances remaining after this time may be subject to 1.5% interest per month, up to 18% per year until payment is received. There will be a \$5.00 service charge for each additional statement after the first one. There will be a \$35.00 fee assessed on all returned checks.

Default: In the event that an account is submitted for collection, the patient agrees to pay all costs of collection including, but not limited to, attorney's fees, collection agency fees, interest and court costs. The patient waives the benefit of homestead or other exemptions in the collection of his/her account.

Missed appointments: ABC Chiropractic requires notice to reschedule or cancel an appointment. There may be a \$40.00 fee assessed for any missed appointment, 'no show,' or cancellation without notice.

I CERTIFY THAT I HAVE READ THE INFORMATION CONTAINED IN THIS FINANCIAL POLICY FORM AND AGREE TO THE TERMS LISTED.

Print Name

(name of guardian if patient is a minor)

Signature

Date