

Keezer Chiropractic & Spinal Rehabilitation Center

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OFFICE POLICIES

Welcome to Keezer Chiropractic and Spinal Rehabilitation Center! We believe that a clear definition of our policies will allow us both to concentrate on the big issue of regaining and maintaining your health.

APPOINTMENT POLICY

In order to serve all of our patients, we ask that you give 24 hours notice should you be unable to make your appointment. When you fail to notify our office, this leaves a time slot open that could otherwise be used to see another patient in need. Please help us help others. Thank you!

PAYMENT OPTIONS

ANY NSF (NON-SUFFICIENT FUNDS) CHECKS RETURNED TO OUR OFFICE WITH A SERVICE FEE WILL BE PASSED ON TO THE PATIENT. OUR OFFICE DOES ACCEPT MASTERCARD AND VISA. ACCOUNTS WITH BALANCES OVER 30 DAYS WILL HAVE 1% PER MONTH ADDED TO BALANCE DUE.

- **Plan #1 – INSURANCE:** Please present your insurance card today. We will call your insurance company to verify coverage. If you have coverage for your chiropractic care our office will bill your insurance claims for you. After your insurance company benefit information has been verified, a financial payment plan will be presented to you on your following visit. Until we have the necessary insurance information you will be required to pay for your care on a cash basis. Please be advised, if your insurance company deems any procedure, adjustments codes 98140-98143 or p. t. codes 97012-97535, or x-rays, maintenance or not medically necessary these services will become your financial responsibility.
- **Plan #2 – CASH:** Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance.
- **Plan #3 – WORKER'S COMPENSATION:** You must report your accident to your employer and bring in the necessary insurance information today. You will be required to complete and sign an accident report. Until the necessary information is provided or if your claim is denied you will be required to pay for your care on a cash basis. Patient's with approved worker's compensation claims are not required to pay for care as it is rendered. Transfer of care claims will be verified with the claims manager. Reopening of closed claims past 90 days will require the patient to make personal financial arrangements and will be reimbursed if and when claim reopening is allowed.
- **Plan #4 – PERSONAL INJURY:** You must report your accident to your insurance company and present your insurance information today. We will call your insurance company to verify coverage. Our office will bill your insurance claims for you. Until we have the necessary insurance information you will be required to pay for your care on a cash basis.

- **Plan #5 – THIRD PARTY ACCIDENT:** Please present accident, insurance, and attorney information today. We will have you sign a lien document to make the third party insurance aware that you expect them to pay for your care. We highly recommend for you to retain an attorney to help you with your case, if you haven't done so already. If the insurance company does not compensate us for your care it will be your responsibility.

I QUALIFY FOR AND UNDERSTAND THE REQUIREMENTS OF PLAN (S) #

Patient or Guardian Signature_____

Date_____