

EAST COUNTY CHIROPRACTIC

DR. TREVOR J. CLARK, D.C.
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Financial Policy

1. We accept cash, Visa, Mastercard and Discover.
2. All payments are due at the time of service, unless special arrangements have been agreed upon prior to visit.
3. All co-pays will be due at the time of service, once your insurance coverage has been verified and we have established what your responsibility is.
4. As a courtesy to our patients, we will bill your insurance company for you. Please keep in mind that if there is a discrepancy, we will let you know as soon as possible; however, we will not get involved with any dispute between you and your insurance carrier.
5. If you have a credit balance, we will reimburse you after payment has been received.
6. All supplements/vitamins, lab work, supports and other supplies must be paid for at the time they are received.
7. You are responsible for timely payment of your account.

Worker Compensation Claims

All workers compensation cases will be billed directly to the insurance company, providing the appropriate paperwork has been filled out and a claim has been filed. If the claim is denied, we will bill your private insurance carrier if you have coverage. Please keep in mind that if your claim is denied, then you are responsible for prompt payment of your account.

Personal Injury/Motor Vehicle Accidents

Personal injury and auto accident cases will be billed to your auto insurance company, providing that a claim has been filed and the appropriate paperwork has been completed. Keep in mind that we do not offer third party billings to other insurance companies. If you choose not to file a claim with your auto insurance company, or are uninsured, your account will be treated as a cash account, and all fees will be due at the time of service. Supplements/vitamins, lab work, supports and other supplies may not be covered by insurance companies, and must be paid for at the time they are received. Should the insurance company pay, we will reimburse you for the amount paid.

I have read, understand and agree with the above financial policy.

Patient Signature

Date _____