

Office Policy

Mountain Spring Chiropractic Center, Inc.

Welcome to Mountain Spring Chiropractic Center, Inc. We are happy to have you and are here to help you in any way we can. This information is to inform you, in advance, of our office policies, and that we do not accept individuals for treatment unless we believe we can help them. We hope this will be of help to you and if you have any questions please feel free to talk to us.

All co-payments and deductible amounts are due and payable at the time of service per your contractual agreement with your insurance company. If you do not have any insurance, payment in full is expected at the time of service. In the unlikely event that your account is referred to collection, you will be responsible for all costs of collection which will be no less than 25% of the balance due plus the cost of court filing fees to enforce said collection. There will be a \$30.00 service charge for bounced checks.

We are happy to file your claims for you as a courtesy. You agree to authorize Dr. Elizabeth Kautz Koch, D.C. to release all medical information to your insurance carrier necessary to complete payment of your claims. You authorize all medical insurance benefits, which are payable under the terms of your policy, to be paid directly to Dr. Koch. Our office is a participating provider with a number of insurance companies and we will process the claims for you. In the event that your insurance carrier does not pay for services rendered due to uncovered services or above maximum allowed, balance will be due and payable within 45 days of receipt of your explanation of medical benefits.

As a courtesy we give you appointment cards to assist you in keeping up with your busy schedule. Please make every effort to keep your appointment or call us if a cancellation is needed.

Dr. Koch welcomes questions about your condition, your diagnosis and your treatment options. Dr. Koch expects your healthcare to be a "team" effort. We respect our patients and our office maintains the highest ethical standards on our patient's confidentiality.

We thank you for choosing Mountain Spring Chiropractic for your structure needs.

I certify all information reported is true and correct. I have read, understand and agree to all the terms of the above office policy.

Signature _____

_____ Date _____