



## Financial and Insurance Responsibilities

Welcome to Ascent Health Center. We are glad you chose Dr. Julie Marchiol as your chiropractor.

### YOUR FINANCIAL AND INSURANCE RESPONSIBILITIES:

You are responsible for paying for your visit at the time of service.

You are responsible for knowing and understanding your insurance coverage and providing us with your current insurance card. Please notify us IMMEDIATELY if your insurance coverage changes.

As an out of network provider, we bill your insurance as a courtesy to you for a fee of \$4.00 per visit. If your insurance reimburses at any level, it will be applied to the insurance balance that you owe this office. If however your insurance does not pay, we take this courtesy copay amount as full payment and do not charge you the difference because we care about you as our patient and want you to come here.

Any checks you may receive from your insurance company are the property of Ascent Health Center. All insurance checks should be sent to us from your insurance company; however, if you do mistakenly receive a check from your insurance company you need to sign the check over to Ascent Health Center.

Any checks we receive satisfy the amount the insurance company charges. You will not be reimbursed the difference between your out of network deductible, your copay and or the amount the insurance chooses to pay.

We will not back bill you the balance amount due per your explanation of benefits. We will take your time of service payment or package payment as paid in full. Once your out of network deductible is met and the minimum insurance payment is received, your copay will be accepted.

By signing this document you are accepting our insurance billing policy.

---

Patient Signature

Date

**Please be advised there will be a fee charged equal to 50% of scheduled visit cost on all missed appointments without a 24 hour notice. Our goal is to provide you with quality service, and this allows us to accommodate all patient requests.**