Patient ID _____

Excel Family Chiropractic & Wellness Inc.
500 Interchange N Ste 103 Lake Geneva WI 53147
262-248-6700 phone / 262-248-6764 fax

Patient Financial Policy

Excel Family Chiropractic will provide insurance billing for you as a courtesy. We offer Time of Service Discount Rates if you do not have insurance or choose not to bill your insurance.

Please review your billing choices below and choose one option.

☐ **Patients who choose to bill insurance:**

- I understand any quote of benefits from my insurance company is not a guarantee of payment
- I authorize payment of my insurance benefits directly to Excel Family Chiropractic & Wellness Inc.
- I authorize Excel Family Chiropractic to release all information necessary to communicate with payers to secure payment of charges and collection agencies.

☐ **Patients who choose to self-pay:**

- I understand payment is due at the time of service

As a patient of Excel Family Chiropractic & Wellness, Inc. I am ultimately responsible for any charges incurred in this office.

By signing below, I indicate that I've read, understand, and agree with the terms on this page and have been offered a copy of Excel Family Chiropractic's Fee Schedule.

_____ _____

Signature of patient or authorized guardian Date

_____

Print patient name

_____

Excel staff signature