



Downtown Chiropractic Clinic Financial Agreement

- Please remember that insurance is considered a method of reimbursing the patient for fees put to the doctor and is NOT A SUBSTITUTE FOR PAYMENT. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance (not including any contractual write offs).
- It is our policy to collect copays, and payment for non covered services at the time of service. Patient balances for deductible and/or coinsurance will be billed to the patient and is due 30 days from the date of the invoice.
- If this account is assigned to an attorney/outside agency for collection and/or suit, Downtown Chiropractic Clinic shall be entitled to reasonable attorney's fees and costs of collection.
- The contract of medical health insurance is between the patient and the insurance company. Possession of a medical insurance member ID card is NOT a guarantee of coverage. It is ultimately the responsibility of the insured to verify eligibility for their own health care benefits,
- As a courtesy, we will make every effort to contact your insurance to get a "quote" of benefits. **A quote is NOT a guarantee of payment from your insurance company.** Payment is subject to the terms and conditions of your policy which may be affected by various factors: misquotes can be given, maximums can be met prior to being seen at our clinic, policies and coverage can change, certain services involved in your treatment plan may not be covered under your policy.
- For a more detailed explanation of our financial policies visit:
<https://www.chiropractorindowntownminneapolis.com/insurance-billing-information/>

LEGAL ASSIGNMENT OF BENEFITS AND RELEASE OF MEDICAL AND PLAN DOCUMENTS

In considering the amount of medical expenses to be incurred, I, the undersigned, have insurance and/or employee health care benefits coverage with the above captioned, and hereby assign and convey directly to Downtown Chiropractic Clinic all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services rendered from such doctor and clinic. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the doctor to release all medical information necessary to process this claim. I hereby authorize any plan administrator or fiduciary, insurer and my attorney to release to such doctor and clinic any and all plan documents, insurance policy and/or settlement information upon written request from such doctor and clinic in order to claim such medical benefits, reimbursement or any applicable remedies. I authorize the use of this signature on all my insurance and/or employee health benefits claim submissions.

I hereby convey to the above named doctor and clinic to the full extent permissible under the law and under the any applicable insurance policies and/or employee health care plan any claim, chose in action, or other right I may have to such insurance and/or employee health care benefits coverage under any applicable insurance policies and/or employee health care plan with respect to medical expenses incurred as a result of the medical services I received from the above named doctor and clinic and to the extent permissible under the law to claim such medical benefits, insurance reimbursement and any applicable remedies. Further, in response to any reasonable request for cooperation, I agree to cooperate with such doctor and clinic in any attempts by such doctor and clinic to pursue such claim, chose in action or right against my insurers and/or employee health care plan, including, if necessary, bring suit with such doctor and clinic against such insurers and/or employee health care plan in my name but at such doctor and clinic's expenses. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I have read and fully understand this agreement.

Signature of insured/guardian

Date