



STETSON  
CHIROPRACTIC  
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Stetson Chiropractic Office Policy

Dr. Kenneth F. Muhich - Chiropractic Physician

Our office will be pleased to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We will file your claim forms and assist you in every way we can.

However, it must be fully understood that the **contract is between** you and your insurance company and you are fully responsible for any amount not paid by your insurance.

Office policy regarding insurance assignment:

- Your insurance should pay within 30 days. If your insurance has not paid within 60 days, you must pay the balance due and be reimbursed by your insurance company when and if it pays.
- We will bill your insurance weekly as long as you are receiving Chiropractic care in this office.
- Co-pays, deductibles and co-insurance are due at the time of visit.
- Personal Injury Patients: Many auto insurance policies include "MED PAY" which will pay your medical expenses within the limits of your policy. If your auto policy doesn't include "MED PAY" we will ask you to sign a lien to authorize and guarantee payment for your medical expenses for services rendered.
- Personal Injury Patients: The Doctor will set up a specific treatment schedule for your condition. *Any* deviation in the treatment schedule will affect your prognosis and may affect your settlement.
- You are required to sign an "Assignment to Pay Physician" form and any other assignment documents required by your insurance company on your first office visit.
- Our office does NOT guarantee that your insurance will pay. We will make every attempt, at the beginning of your health care, to receive verification of your policy and what it covers. However, if for some reason, your insurance claim is denied, you are responsible for the FULL AMOUNT of your bill.
- Our office will NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.
- The Doctor and Patient and/or other representative must sign all special arrangements regarding finances.

If you understand and agree with all of the above policies, please sign your name below and we will accept your insurance assignment when coverage is verified.

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Signature of Patient

Date