## **Prairieland Wellness Center**

1415 Croxton Ave Bloomington, IL 61701

## FINANCIAL POLICY STATEMENT

Payment is requested at time of service unless prior arrangements have been made.

A. We do not file insurance claims. We will provide you with the necessary information for each date of service so that you may submit a claim directly to your insurance company. need to contact your insurance company and ask them to send you claim forms or you may be able to send in the receipt we provide to you. To maximize your benefits we will do everything we can to communicate with your insurance company. When requested, we will send doctors notes, letters, and treatment plans to your insurance company so that they may fully understand the benefits of chiropractic care. B. Payment Options: Cash, Check, Visa, MasterCard, Discover C. A \$25.00 handling fee will be incurred if a check is returned due to insufficient funds. Signature of Patient/Guardian Date **Electronic Delivery of Information Consent** By way of signature, I provide Prairieland Wellness Center with my authorization and consent to the sending and my receiving any communications hereunder by facsimile or other electronic methods including email. Patient/Client Name (print) Patient/Guardian/Client Signature Date Acknowledgment of Receipt of HIPAA Privacy Notice

I have read the **Privacy Notice** provided by Prairieland Wellness Center and understand my rights contained in the notice.

By way of my signature, I provide Prairieland Wellness Center with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment, and health care operations as described in the Privacy Notice.

Patient/Client Name (print)		
Patient/Guardian/Client Signature	Date	

Any information that we collect about you will be kept confidential in our office. If a claim is submitted to your insurance company, your health information may be shared with them. Health information, which your insurance company will see, will be kept confidential by them.