

**PRAIRIELAND WELLNESS CENTER
CRAIG A. BOWARS, DC, DCCN
1415 CROXTON AVE
BLOOMINGTON, IL 61701
PHONE: 309-829-3330**

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. You will 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 doctor's 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.