

Prairieland Wellness Center

Our goal is to provide you with the highest level of chiropractic treatment and care.

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 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.

CANCELLATION POLICY

We kindly request that you call **24 hours** in advance if you need to cancel or reschedule an appointment with the Doctor or Massage Therapist. **Failure to do so may result in a \$25 fee.**

Printed Name of Patient _____

Signature of Patient/Guardian _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of any medical or other information necessary to my insurance company, if deemed necessary either by my insurance company or my physician at this clinic in order to process a claim.

Signature of Patient/Guardian _____ 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.