



**METCALF CHIROPRACTIC HEALTH CENTER**

15435 Main St NE, Suite 101 PO Box 507 Duvall, WA 98019 ph. 425-844-6428 fax. 425-788-7824

**Dr. Jeffrey P. Metcalf**

**PAYMENT POLICY**

There are two forms of payment:

**CASH** - Every time you come in.

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**INSURANCE ASSIGNMENT**- Co-pay, insurance reimbursement signed over to our clinic, (as explained below).

It is our desire to assist our patients whenever possible. The following insurance program allows you, our patient, to receive the care you need without undue financial strain.

1. We will bill your insurance company and accept assignment of benefits during your corrective care period. Direct assignment will be discontinued when you have finished corrective care and a supportive health care program is recommended. We will notify you of the change.
2. You must stay current with your percentage of responsibility. Co-pays are due at the time of service.
3. If you receive payment from your insurance carrier during the period which the clinic has accepted benefits, you are to bring the check within three days of receipt and endorse it over to the clinic. Failure to do so may result in collection action.
4. This clinic does not promise that an insurance company will pay. In the event that the insurance company disputes or rejects the claim, it will be the patient's responsibility to pay all the charges and pursue reimbursement from the insurance company on his/her own. The insurance company has 30 days from billing date to make this decision. Patient payment is expected on any fees over 30 days old.

I have read the above provisions and wish to participate in the insurance assignment program. I hereby agree to abide by the provision as specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date