SHAKER WOMEN'S WELLNESS
Premier Chiropractic Care

FINANCIAL POLICY

The following is an explanation of the policy implemented by Shaker Women's Wellness. We believe that a clear definition of our financial policy will allow both the doctor and you to concentrate on re-establishing, retaining and maintaining your health.

Payments

- We will be happy to verify your benefits and health coverage with your insurance company; however, that is not a guarantee of payment. It is your responsibility to understand your health insurance policies.
- ALL CO-PAYS and CO-INSURANCE are due at the time of service.
- If you do not have insurance or choose not to file with your insurance company, all payments are expected at the time of service.
- There will be a $10 charge added to all balances every 30 days overdue. In addition, there will be a 1.5% finance charge added to all balances after 60 days.
- There will be a $25.00 charge on all returned checks.

Insurance Coverage

- Our fees are considered usual, customary and reasonable by most companies, and therefore covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing not relationship to the standard of care in this area.
- If your carrier has not paid a claim within sixty (60) days of submission, you agree to take an active part in the recovery of your claim. If your carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance.

Assignment and Release

I, _____, agree to assign Dr. Angela Sedgwick of Shaker Women's Wellness, all insurance benefits, if any, otherwise payable to me for services rendered. I also authorize the use of my signature on all insurance submissions.

____ I agree to pay my deductible/copay/co-insurance at the time of service

____ Please place a credit card in my file for this and future payments. (Credit card charge will occur day of visit)

Credit Card No: _____ Exp:____/_____

CVV: _____ Zip Code for Card: _____

I have read and understand the financial policies of Shaker Women's Wellness, and I will honor them. If a credit card is placed on file, it will be secured through Square Payment Processing.

Patient Signature: _____ Date: _____