

Chappaqua Chiropractic Care Policies

Welcome to Chappaqua Chiropractic Care Office. Our goal is to give you the very best in chiropractic health care.

So that we can better serve you, we ask that you take time to read the following material on policy procedures before signing.

Some insurance companies require a referral from your primary care physician (PCP) for chiropractic care. It is your responsibility to know if they require a referral. If required, it is your obligation to obtain a referral from your primary care physician **before** your first visit. If required and not obtained, your insurance company will not pay for treatments received in this office. At this point you are responsible for these charges.

Our office policy requires payment in full for all services rendered at the time of each visit, unless you have made other arrangements. This includes any co-payments. If you have not paid your account within 90 days of the date of service, and have made no financial arrangement, you will be responsible for any expenses that incur to collect your account.

We require a 24-hour notice for cancellation of appointments. If an appointment is broken without proper notice, we will charge you \$10.00.

We invite you to discuss frankly with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and patient.

I authorize the release of any medical records or other information necessary to process insurance claims. I also authorize payment of medical benefits to Dr. Ciccone for services rendered.

I understand the above information and understand it is my responsibility to inform this office on any changes in my medical status. It is also my responsibility to inform this office on any changes in my insurance coverage.

I understand I am responsible for all my bills.

To simplify submitting insurance forms for medical bills, we require "Signature on File" which will allow us to submit your insurance claims for you.

Name _____ Date _____
(Please Print)

Signature of Responsible Person