

Self-Pay Option

Our self-pay option is a discounted rate pertaining to certain groups. *Agreeing to the self-pay option indicates waiving your insurance benefits. These rates CANNOT be billed to your insurance company at any time.* If you wish you reinstate your insurance benefits, you must fill out a new Financial Agreement indicating your preference change. You may use your Health Savings Account or comparable account to pay for the self-pay price. For further information on our self-pay group discounts, please contact our receptionist.

Insurance

For your convenience, Indy Kids Chiropractic will submit your claim to your insurance provider. We must bill them at our contracted rate as specified in our provider agreement with each insurance company. The rate between different companies vary, and their adjusted rate will be based on your individual plan rates. Copayments, Coinsurance and Deductible amounts are due at time of service. Indy Kids Chiropractic may also provide eligibility estimates from your insurance carrier. These amounts are subject to the terms and conditions between you and your insurance, and are no guarantee of coverage. Indy Kids Chiropractic is not liable for any differences in information received or given of possible eligibilities and insurance requirements. It is ultimately the patient's responsibility to know the limitations of their own insurance. If your insurance denies the claim for any reason, you are responsible for payment in full. Some insurance plans require preauthorization of visits that must be completed within 7 days of appointment. Please notify our staff immediately if your insurance requires a preauthorization or a renewal.

Appointment Receipts

If you require an appointment receipt for HSA/FSA reimbursement, they must be requested at time of service.

Financial Responsibility

Your signature indicates agreement to our Financial Agreement policy. This includes parents/guardians of children under 18 years of age. You are legally responsible to pay all insurance deductibles, copays and coinsurance at time of service. If this amount is unknown, you will receive a statement in the mail. Payment is due within 30 days of statement date.

Fees & Failure to Pay

Patient agrees to pay a \$35 returned check fee. Patient agrees to late charges to be applied after outstanding balance exceeds 60 days. Any and all fees are at the sole discretion of Indy Kids Chiropractic. Past due accounts may result in dismissal from practice.

- Checking this box indicates Patient's preference to waive personal insurance. By checking this box and signing, patient agrees to self-pay policy for all persons listed below. If this box is blank, Patient agrees to the Insurance policy.

Print Name

Sign Name

Date

Spouse/Children