KATZ CHIROPRATIC AND REHABILITATION CLINIC

FRONT RANGE DIGITAL MOTION X-RAY

954 NORTH STREET, BOULDER CO 80304

Office: 303/938-9070 or 303/938-4008

Thank you for selecting us.

To help us meet all you healthcare needs, please read this form completely. If you have any questions or need assistance, please ask us and we will be happy to help.

WELCOME

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you, and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless either you or your health insurance carrier have made other arrangements in advance, full payment is due at the time of service. For your convenience we accept VISA, MasterCard and Discover.

- ❑ The patient understands and agrees by his/her signature agrees upon the charges for professional services provided by Katz Chiropractor and Rehabilitation or Front Range Digital Motion X-Ray.
- ❑ Although you are responsible for the entire balance at the time of service, it is our office policy to bill your insurance carrier as a courtesy to you. We do require that your co-payment or deductible, if applicable, be paid at the time of service.
- ❑ Our fees are considered as usual, customary and reasonable (UCR) fees within the Denver metro area. Some insurance companies set their own (UCR) fees, which may not be the same as our fees.
- ❑ The patient further understands and agrees that if the balance due is not paid in full within 60 days from the date of service, there will be a billing charge of 1-1/2% per month or 18% per annum until the outstanding balance is paid in full.
- ❑ If the account is assigned to collections, the patient will be responsible for the entire account balance owed plus any collection and reasonable attorney fees.

Patient/Guardian Signature____ Date______