

Graves Chiropractic
4257 Main Street Ste. 210
Westminster, CO 80031
Dr. Eric A. Graves

FINANCIAL POLICY

Our office is pleased that you have chosen us for your health care needs, and we are committed to providing you with the best possible care. We are happy to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our financial policy, fees, or your responsibility.

All patients must complete our “Patient Information Form” before seeing the doctor. We will copy your insurance card at this time.

“FULL PAYMENT IS DUE AT TIME OF SERVICE”

If you have insurance, we will help you receive maximum benefits by assisting you in the completion of your insurance claim forms. **INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** We are not a party to this contract, in most cases.

We will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company. You will be responsible for any deductibles and copayments at the time of service or amounts as processed by the insurance company.

You are responsible for the timely payment of your account. We accept cash, checks, and Visa or Mastercard as payment for our services. Returned checks are subject to a \$25 service fee. If a payment is implemented, then we will take a credit card on account.

Thanks for reading our financial policy. Please let us know if you have any questions.

Responsible Party _____

Date _____

Graves Chiropractic Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. Business meeting, project deadlines, flight delays, car problems, snowstorms, and illness are just a few reasons why one might consider canceling an appointment. In our desire to be effective and fair to all of our clients and out of consideration for Dr. Graves' time, we have adopted the following policies:

- **24 hour advance notice is required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment.
- If you are unable to give us 24 hours advance notice you will be charged a **\$25** fee. This amount must be paid prior to your next scheduled appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment and future service will be denied until payment is made.

Arriving Late

Appointment times have been arranged specifically for you. If you arrive late your appointment may be shortened in order to accommodate others whose appointments follow yours. If you are more than 15 minutes late, we reserve the right to cancel your appointment and treat it as a "no-show" and may charge you the \$25 cancellation fee.

*Out of respect and consideration to Dr. Graves and other customers, **please** plan accordingly and be on time.*

WE LOOK FORWARD TO SERVING YOU.

Patient Printed Name

Date

Patient Signature