

# PRAIRIE VILLAGE CHIROPRACTIC

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statement of Financial Responsibility

I understand and agree to the following general responsibilities:

- Financial options extended to me are based on the personal identification information and documentation I have provided.
- I agree to provide Prairie Village Chiropractic with my health insurance information so they may file claims on my behalf for reimbursement.
- I agree that I am responsible as the patient or patient's guarantor for any and all charges not covered by my health insurance.
- I agree that I am responsible for full payment of charges for products or services not covered by my health insurance. I understand that such payment is due at the time of service or purchase, including all supplements, herbal formulas, supplies, as well as any additional expenses incurred in connection to my healthcare.
- I acknowledge that I am ultimately financially responsible for all charges. If it becomes necessary to effect collections of any amount owed, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize Prairie Village Chiropractic to release information about me as necessary to secure payment.
- Please note that we charge for missed appointments. We do this because it is important for your healthcare that we have the consistency and frequency of your visits to make changes. Please note that to avoid a missed appointment charge just call and give us 24 hours to reschedule so that we help you and that this then helps us with our scheduling.
- Fees and rates are adjusted periodically and therefore may increase during the term of our engagement. While we will do our best to avoid unknown adjustments, on occasion such changes may occur without written notice.

\_\_\_\_\_  
Patient (18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, Guardian, Responsible Party

\_\_\_\_\_  
Date