

Evans Chiropractic Health Center

William M. Rice, D.C., P.C.

108 SRP DR STE A | EVANS GA 30809-3319 | 706-860-4001

Written Financial Policy

Thank you for choosing Evans Chiropractic Health Center. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible.

For patients that have insurance, we will verify your coverage for chiropractic care. This will give us an estimate of what portion of care you will be responsible for. However, Verification of benefits is not a guarantee of payment from your insurance company. We do ask that you pay the patient's portion of your charges at the time of services. Please understand that health and accident insurance policies are an arrangement between the insurance carrier and yourself. You are personally responsible for payment of any and all services covered or non-covered.

For patients who do not have insurance or have insurance with limitations (such as large deductibles or high copayments), we do offer the following payment options for your convenience:

- a) MasterCard, Visa, Discover, or checks are accepted. A \$25.00 charge applies to all returned checks.
- b) Monthly payment plans through Care Credit, which allows you to pay your estimated cost over time. There are no annual fees and some plans are interest free.

I, _____ (print name) hereby agree to pay for service rendered at Evans Chiropractic Health Center/William M. Rice, D.C., P.C as the charge is incurred. Interest will be applied to all inactive accounts at 1.5% monthly /18% annually. Inactive accounts are those accounts that do not have any activity for 60 days or more. I also agree that should this account be referred to an agency or an attorney for collection, I will be responsible for up to 50% in collections costs, attorney's fees and court costs. I have read and understand all of the above and have agreed to these statements.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

If you have any questions, please do not hesitate to ask. We are here to help you get the treatment and care you want and need.

Specializing in Nerve and Spinal Rehabilitation