

FINANCIAL POLICY AGREEMENT / ASSIGNMENT OF BENEFITS

Thank you for choosing Sadon Chiropractic & Rehabilitation Center as your health care provider. We are committed to providing excellent care to all of our patients and we will always do our best to achieve this goal.

Sadon Chiropractic & Rehabilitation Center is a private professional entity and is not contracted with any insurance plans other than Medicare. Even though we do not participate in your insurance plan's provider network, we pledge to help you understand and manage the financial aspects associated with providing you the very best care and attention you deserve.

Most insurance plans allow patients to select their own treating physician even if the physician they prefer is not in their insurance plan's network. To help you understand your responsibilities, we will inquire as to your plan's out-of-network benefits, and explain what, if any, financial obligations you will have for our services.

Our independence is a hallmark trait of our practice. As an out-of-network provider, the course of treatment we provide will not be limited to what an insurance plan representative will approve, but will instead be solely upon the state-of-the-art care that your board certified physician recommends.

All charges will be submitted to your insurance carrier on behalf as an out-of-network provider. You may be responsible for your deductible and co-insurance on allowed payments up to your out-of-pocket maximum according to your out-of-network insurance policy. Most insurance plans allow reasonable and customary payment for our services in which case you will not receive any bills. In few cases however, a particular plan may not provide reasonable and customary payment in which case you may be responsible for some of the difference between what is billed and what your insurance plan allows for payment.

In addition, the Horizon Blue Cross Blue Shield insurance company will send payment for our services directly to you. You agree to relinquish all payments that you receive from your insurance company for our services to Sadon Chiropractic & Rehabilitation Center. Failure to do so will result in legal action.

By signing below, you attest that you completely understand and agree with our financial policy as described above for the services provided by Sadon Chiropractic & Rehabilitation Center and its professionals.

ASSIGNMENT OF BENEFITS

I irrevocably assign to SADON CHIROPRACTIC & REHABILITATION CENTER all of my rights and benefits under any insurance contracts for payment for services rendered to me by SADON CHIROPRACTIC & REHABILITATION CENTER. I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by SADON CHIROPRACTIC & REHABILITATION CENTER to be released to SADON CHIROPRACTIC & REHABILITATION CENTER. I irrevocably authorize SADON CHIROPRACTIC & REHABILITATION CENTER to file insurance claims on behalf for services rendered to me. I irrevocably direct that all such payments go directly to SADON CHIROPRACTIC & REHABILITATION CENTER. I irrevocably authorize SADON CHIROPRACTIC & REHABILITATION CENTER to act on my behalf and report any suspected violation of proper claims practices to the proper regulatory authorities. This assignment of benefits has been explained to my full satisfaction, and I understand its nature and effect.

Patient Name (Printed): _____

Date: _____

Patient Signature: _____