



# Gutierrez Family Chiropractic

## FINANCIAL AGREEMENT

Health and accident insurance are an agreement between the insurance carriers and you. Gutierrez Family Chiropractic (GFC) will not involve itself in any disputes between you and your insurance carrier.

Please **mark** your financial choice:

\_\_\_ **INSURANCE**– I choose to have GFC bill my insurance company for services rendered with the information I have provided them. I understand that any amount unpaid by my insurance company within 45 days of the date of service, that is not a write off, will be my responsibility.

\_\_\_ **NO INSURANCE** – I choose to pay GFC in full at the Time of Service (TOS) to receive the wellness rates plus any other services rendered at the time of service (TOS). If I do not pay at the TOS I will be billed for my visit at the usual & customary rate plus any additional services rendered.

\_\_\_ **MEDICARE/MEDICARE PRICING** – I understand GFC must submit all claims to Medicare with my medical information, but I choose to pay the current year's discounted Medicare rate without Medicare reimbursement. I understand that if I do not have Medicare coverage (yet I am 65 years or older) or if Medicare deems my visits medically unnecessary I will still receive Medicare pricing and will not be reimbursed.

\_\_\_ **L&I or MVA (PIP)** – I choose to have GFC bill L&I or my auto insurance on my behalf. I understand that I will have no payments due unless the insurance companies deny my claim. At that time I will be responsible for any and all charges unpaid.

\_\_\_ **3<sup>rd</sup> PARTY/PERSONAL INJURY** - I choose to have GFC hold all my bills until my claim is settled. I understand that a Medical Lien will be filed so payment will be sent directly to GFC for the charges accrued. In the event that the payment is sent to me (the patient), I understand that **I will pay GFC in full at the time I receive my settlement.** When I have reached maximum chiropractic improvement with Dr. Gutierrez, and my claim is not settling with the insurance company, I may be asked to make a minimum monthly payment of \$100 until settlement. The amount I pay is fully reimbursable within my own settlement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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## Financial Policies cont.

### PAST DUE ACCOUNTS

\_\_\_ IF I GET BEHIND ON MY ACCOUNT BALANCE MORE THAN 90 DAYS I WILL BE SENT TO A THIRD PARTY COLLECTION AGENCY.

1. Service Charge – A service charge of 1.5% per month on all balances of thirty days or greater, with a minimum \$5.00 late charge, will be assessed in your account.
2. Venue – In case a legal action is commenced to collect this account, at the request of either party, venue for any legal action shall be placed in Snohomish County, WA.
3. Reasonable Attorney’s Fees – If this account is not paid as agreed, and legal action is commenced to collect the amount due, I (we) agree that, in addition to other charges authorized herein, we will pay reasonable attorney’s fees.

### APPOINTMENTS

\_\_\_ I understand when I make a chiropractic **appointment at GFC**, this time has been reserved for me. I understand that in consideration of other patients and the GFC staff, a \$25 fee **may** be charged for missed chiropractic appointments. **This fee will be my responsibility, not my insurance’s.** To avoid this fee, I will call 24 hours ahead of time to let GFC know I won’t be able to make it.

\_\_\_ I understand when I make a **Massage appointment**, this time slot has been reserved for me. I understand that in consideration of other patients and the GFC staff, a \$35 fee **will** be charged for missed appointments. **This fee will be my responsibility, not my insurance’s.** To avoid this fee, I will call 24 hours ahead of time to let GFC know I won’t be able to make it.

### NSF

\_\_\_ I understand if I make a payment to GFC and the payment does not go through, I will be charged a \$35 non-sufficient funds fee per RCW 62A.3-104.

1. Costs of collecting the amount of the check in the lesser of the check amount or forty dollars (\$40), plus, in the event of legal action, court costs and attorney’s fees, which will be set by the court.
2. Interest in the amount of the check which shall accrue at the rate of twelve percent per annum from the date of dishonor; and
3. Three hundred dollars (\$300) or three times the face amount of the check; whichever is less, by award of the court.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_