

Cove Freedom Chiropractic

The following is an explanation of our clinic policies. We believe that a clear definition will allow us all to Concentrate on the most important issue: Regaining And Maintaining your Health.

No Charge Consultation

Cove Freedom Chiropractic Clinic will do a special "no charge" consultation, or brief conference, with Anyone interested in finding out if chiropractic can Help them with their individual health problems. There is no charge or obligation in connection with This appointment.

New Patient Care Services

We require the payment in full on the first visit unless Prior arrangements are made. Then the balance of These charges may be made in payments over the Course of your treatment schedule, unless we bill your insurance company for payment. Properly documented auto accident claims are not required to pay at this time if appropriate forms and liens are signed.

Established Patient Care

Patients under care are required to make regular payments On all unpaid balances except for properly documented auto Injury claims. Payments need to be made according to prior Arrangements. We reserve the right to charge finance charges And late fees to any account that is not paid in a timely manner.

Our Policy on Health Insurance

Some Insurance Companies do cover chiropractic care. We will be happy to file your primary insurance claim for you and do everything we can to insure you receive the proper Reimbursement; however, we cannot take responsibility for What your health insurance will or will not cover.

Appointments

In order to better serve our patients, we ask that you call if you need to reschedule your appointment or if you will be late. Your appointment time is reserved for you. If you fail To notify our office, it leaves a time slot open that could have been used to help someone else. Please help us help Others.

Questions and Answers

Your questions about any aspect of your care or account are invited. Please feel free to ask your doctors or staff member. We will make every effort to answer your inquiries.

**I have read the Cove Freedom Chiropractic
Clinic Policies and will honor them.**

Patient Signature

Date