

KRUSE CHIROPRACTIC
5410 Page Road, Ste. 3
Durham, NC 27703
919-474-8400 – FAX: 919-474-8486

INSURANCE ASSIGNMENT

It is the policy of this office to extend to our patients the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under chiropractic care.

1. Our office will qualify your insurance coverage in an effort to help you determine exactly what chiropractic coverage is available to you under your policy and if it will be accepted as payment toward your bill.
2. The privilege of insurance assignment begins when we received a copy of your insurance card, and your benefits are determined.
3. All deductible payments must be made prior to insurance submittal.
4. Deductibles and all co-payments are expected at time of service or at the end of each week. Your co-insurance balance may not exceed \$200.00, or professional services may be terminated.
5. **This office does not file or accept co-payment for secondary insurance carriers.**
6. Since we do not own your policy and since from time to time we experience difficulty in collecting from your insurance company and since insurance assignment is a courtesy it may be terminated anytime. Of course we will give you ample notice and ask that you act in your own behalf with your insurance company.
7. **All patients whose visitation schedule is twice per month or longer will no longer be eligible for insurance assignment. Charges for services rendered are due the day of service or at the end of each week.**
8. **This office does not promise that your insurance company will pay for the usual and customary charges of this office, nor will this office enter into a dispute with an insurance company over reimbursement. We can't alter or guarantee your insurance coverage.**
9. Should you receive payment from the insurance company as a result of insurance forms submitted from this office, you will promptly submit such payment to this office within a week to cover any outstanding balance on your account.
10. Should you discontinue care for any reason other than discharge by the doctor, **any and all balances due become immediately due and payable in full by you, regardless of claims submitted.**
11. Should your insurance reject, dispute, or not cover the total amount of charges submitted, **you** will pay any outstanding balance within 30 days of verbal or written notification. It will be your responsibility to pursue reimbursement from the insurance company.
12. When making a health care decision it is important to remember that you the patient are ultimately responsible for any services rendered.

I have read the preceding information and understand my responsibilities, and those of the offices.

Patient Signature

Date