

Payment Policy

It is the policy of this office that you pay for office visit in full at the time of service. If you have health insurance that you believe may cover chiropractic in this office, we will verify your insurance coverage for you. Once your eligibility and coverage is determined we will file all insurance claims for you to the extent that your policy permits.

You are responsible for paying your deductible, co-payment/co-insurance and non-covered supplements, supplies, and services at the time they are rendered.

IT MUST BE UNDERSTOOD:

This clinic DOES NOT promise that an insurance company will pay. Nor does the clinic promise that an insurance company should pay the fee as charged. The clinic will not enter into a dispute with an insurance company for reimbursement or the amount of reimbursement. This is the patient's obligation.

Patient's Signature _____ Date _____

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