



DAVEN L. SPENCER, D.C.

Dedicated to Quality Chiropractic Care, NOT Quantity Care!



Billing, Insurance, & Privacy Policies

Welcome to our office! We continually strive to offer patients the best service and value when it comes to their health care. The policies outlined herein are to help you understand our billing, insurance and privacy policies. Recent laws require that any personal information given to this office be considered confidential. Our office has taken steps to protect your personal information. We are the custodian of your records and if at any time you would like to review your records, they will be made available to you.

ALL PATIENTS: Please have the courtesy of notifying this office, in advance, if you are unable to make your appointment or need to reschedule your appointment. This office reserves the right to charge a fee for missed appointments. Insurance companies, Attorneys, Worker’s Compensation, etc. will not pay for missed appointments.

CASH PATIENTS: Payments for services are expected on the date services are rendered. Cash may be considered as “cash, check, or money order”.

INSURANCE PATIENTS: As a service to our patients, we bill your primary insurance carrier for you. Any deductible amounts or co-payments will be due at the time of service. If your insurance does not pay on a bill that is sent to them, you will be billed for the outstanding balance. If you feel that your insurance company has made an error in refusing to pay on a bill, it will be necessary for you to call your insurance company to secure payment. In this case, you will also need to contact our office and inform us of the status of your account.

MEDICARE RECIPIENTS: As a Medicare provider, we will bill Medicare for services rendered. Medicare has a yearly deductible and a 20% co-payment which are the patient’s responsibility and are due the date the services are rendered. Initial examination/histories and therapies are not covered services and payment is therefore due at the time of service. Medicare may only allow a total of 12 visits per year depending upon your condition; any additional care above what medicare will allow is your financial responsibility.

PAST DUE ACCOUNTS: We continually strive to avoid using the collection process to settle an account. We will make a concerted effort to work with patients to enable them to fulfill their financial obligations. All accounts will be considered delinquent and subject to collections 90 days after services are rendered unless specific arrangements have been made with this office. Should collections become necessary, you agree to pay all fees associated with collections, including interest (which will accrue at a rate of 18%, compounded monthly from the last date of service) and collection fees (which will be added in the amount of 25% of the principal amount owed), whether or not the account is turned over to an outside collections agency. You further agree to pay all court costs and attorney’s fees should legal action become necessary.

Signature: _____ Date: _____

If you have any questions about your account or the policies we have in our office, please let us know. We will be happy to assist you.