

Westwood Family Chiropractic Financial Guidelines

Thank you for choosing our office for your health care. Our office is dedicated to providing the finest quality health care with the best possible service available to you. Our financial guidelines are based on an open and honest discussion of our fees. Please read and sign this document.

Payment: We accept Cash, Checks, Visa and MasterCard. Payment for treatment is due **AT THE TIME SERVICES** are rendered. We do not send monthly statements.

Financial Consent: The patient (guardian) agrees to be fully responsible for the total payment of the treatment performed in this office.

Insurance: As a service to our patients, we will bill some insurance companies (Blue Shield, Medicare, & some PPO plans). Your insurance policy is a contract between **YOU** and **YOUR INSURANCE COMPANY**. As a healthcare provider, **we are not a part of that agreement**. As a courtesy to you, we will collect your **estimated** patient's portion at the time of your visit and bill your insurance company for the balance. **If your insurance company does not pay as expected or delays payment beyond 90 days, you are responsible for the balance.** Our goal is to help you achieve and maintain optimum health, which is not necessarily the goal of your health care insurance company. We are always available to answer your questions regarding this matter. If your insurance company adjusts our fees, the resulting balance will be your responsibility. **Please verify your benefits with your Insurance company, what they tell us is NOT a guarantee of coverage.**

Minors: Payment for services of the treatment of minors is the responsibility of the adult accompanying the minor.

Missed Appointments: Your appointment time has been reserved specifically for you. If you choose to **CANCEL** or **RESCHEDULE** an appointment with **LESS THAN 24 hours notice**, by phone or email, or if you fail to appear for an appointment, **you will be CHARGED \$75** for that appointment. We cannot make special circumstances for every individual therefore the policy pertains to all cash and insurance paying patients. Insurance **WILL NOT** be billed for the missed visit. Both the Wellness Plans and Visit Plans have their own specific missed appointment policy (see them for 24 hour policy).

Late Arrival For Your Appointment: The office strives to maintain a punctual schedule. If you arrive 10 minutes or more after your scheduled appointment time we **CANNOT** guarantee you will be seen at that time. You will be rescheduled according to availability and subject to the 24 hour missed appointment policy.

Past Due Charges: An interest charge of 1.5% per month (18% ANNUAL PERCENTAGE RATE) will be applied to your account if over 90 days past due. Any accounts which are over 120 days past due may be referred to our collection agency. Interest does not occur on the outstanding insurance portion as a courtesy to you. A charge of \$35.00 will occur for returned checks.

Collection Fees: Fees incurred to collect payment will be billed to and is payable by the patient.

I, the undersigned, have read the above financial guidelines, and agree to abide by these policies.

Sign name: _____ Date: _____ Print name: _____



Dr. Leilani Bettencourt, DC 1620 Westwood Dr., Ste. D San Jose, CA 95125 (408) 887-7014 www.drleilani.com