

GENERAL POLICIES

PAYMENT IS DUE AT TIME OF SERVICE.

We accept Cash, Check, Debit, Credit (except American Express and Foreign Currency) and most HSA debit cards.

- I understand that I (patient, parent or guardian) am responsible for all payments.
- A copy of Cummings Chiropractic Office privacy policy has been made available to me. I understand this office highly values my privacy, but uses common sense in the administration of my care. It is my responsibility to notify the staff if I have special Privacy issues.
- Dr. Cummings may release copies of my records for use by insurance companies and/or attorneys provided with a formal written request via the US mail. Each request must include a signed and dated "Authorization to Release Information" form. Fees may be charged to cover copy and staff expenses.
- It is my responsibility to notify Cummings Chiropractic of any changes in my personal information (including, but not limited to: physical address E-mail address, phone, marital status and health history.)
- I understand it is my responsibility to be on time for my appointments.
- I understand that I may be charged if I miss a scheduled appointment without 24-hour prior notification.

Private Pay Insurance:

- Dr. Cummings **does not guarantee** reimbursement from my insurance. However, if I submit a copy of my receipt along with a photocopy of my insurance card and identifying details (full name, address, etc.) to my carrier, I may be reimbursed directly by insurance.
- **Dr. Cummings provides all services in good faith.** *Should my insurance carrier determine that any or all services were not "reasonable, necessary or covered under my plan," I understand that no reimbursement will be forthcoming from either insurance or Cummings Chiropractic.*
- It is my responsibility to retain copies of my individual receipts. I may be charged should they need to be replicated.
- Cummings Chiropractic will provide me with an "end of year" computer-generated recap of charges for income tax purposes should I request. There may be a small fee associated.

OTHER: Medicare; Medicare Supplemental; Medicaid/AHCCCS or Worker's Compensation

- **Dr. Cummings DOES NOT contract with any government or employer-sponsored insurance company (including HMO/PPO plans, Medicare and Medicare Advantage, Medicare Supplemental, Medicaid/AHCCCS and Workman's Compensation).**

I agree that no claims will be filed with the above- mentioned insurers/agencies. I understand that I am responsible for full payment at time of service.

Signature _____ Date _____