

## *Complete Spinal Care and Rehab*

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### **Financial Policy Statement**

We believe that part of good health care practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

#### **PAYMENT**

Full payment is expected at the time of your visit unless prior arrangements have been made. If you are using your insurance, payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. We ask for a copy of your insurance card and an ID card such as your license due to the many cases of identity theft in the news lately.

#### **GROUP or INDIVIDUAL INSURANCE**

Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We offer a complimentary benefits check to verify coverage; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete and file any necessary insurance forms at no additional charge. It is to be understood and agreed that any services rendered are charged to you directly and you are responsible for payment of any non-covered services, deductibles or co-payments. If your insurance does not respond within 90 days, or if you suspend or terminate care, any fees for services will be due immediately. You may also pay the full amount due each visit, qualifying for our Time of Service Discount of 10%. You may then submit the bill to your insurance carrier for reimbursement. Please note that this discount only applies to chiropractic services and not nutritional supplements, customized orthotics or other supplies.

#### **PERSONAL INJURY, AUTOMOBILE ACCIDENT or WORKER'S COMPENSATION**

If you have been involved in a motor vehicle accident or injured on the job, it is important that you report the accident to your insurance agent or employer and request a claim number and the appropriate billing information. We will submit your claims at no charge. Although you as the patient are ultimately responsible for the bill, we will take assignment as long as you are under active care. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

#### **SPECIAL ARRANGEMENT**

We have never denied anyone the benefits of chiropractic care because of their inability to pay our published fees. If financial hardship exists, we will work with you on individual bases to get you the care you need. Please speak with the front desk staff.

#### **CANCELLATIONS or MISSED APPOINTMENTS**

We reserve the right to assess a \$25 missed appointment fee for all no-shows or cancelled appointments without at least a 24-hour notice.