NOTICE: ALL OUT OF POCKET PAYMENTS ARE DUE AT THE TIME OF SERVICE UNLESS PREVIOUS ARRANGEMENTS ARE AGREED UPON.

PATIENT FINANCIAL PROFILE

PRIMARY & SECONDARY HEALTH INSURANCE OTHER THAN MEDICARE

OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Kyle McKamey, DC PLLC will be pleased to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We will file your claim forms and assist you in every way we can, **however, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance.**

Policy regarding insurance assignment:

1. Since by taking your insurance on assignment we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.

2. Your insurance should pay within 30 days. If your insurance has not paid within 60 days, you must pay the balance due and be reimbursed by your insurance company when and if it pays.

3. If an insurance check is mistakenly mailed to you by your insurance company, you agree to sign the check over or remit payment to this office within 7 days.

4. You are responsible to pay your deductibles and a percentage / co-pay of your bill on each visit. You must also pay any amount for services not covered by your insurance. When this office receives a check from your insurance company, you will be informed of any amount due over and above the amount paid by your insurance company. At the time you are informed of the account due, you agree to pay the balance in full for that billing cycle. This office accepts cash, check or bank card as payment.

5. Our office DOES NOT guarantee that your insurance will pay. We will make every attempt, at the beginning your treatment, to receive verification of your policy and what it covers. However, if for some reason, your insurance claim is denied or reduced you are responsible for the full amount of your bill.

6. Our office WILL NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. All balances 90 days old will be referred out for collection.

7. All special arrangements regarding finances must be signed by the doctor and patient and/or other authorized representative.

If you understand and agree with all of the above policies, please sign your name below and we will accept your insurance assignment when coverage is verified.

Print Full Name	Signature	Date

Witness	Date

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in or office. If a claim is submitted to your insurance, your health information on this form may be shared with your insurance. Your health information which your insurance sees will be kept confidential by your insurance.