



OFFICE POLICY

FINANCIAL POLICY

Our primary concern is your health. If you have medical insurance, we are anxious to help you receive your maximum benefit. **If you wish us to file insurance for you, please understand:**

- Your insurance is a contract between you and your insurance company; all charges for services not covered by your insurance are your responsibility.
- We ***strongly*** recommend that you call your insurance company regarding your benefits, deductibles/co-pays and to insure we are a provider on your specific plan.
- Periodic re-examinations are required by insurance companies.
- Some policies contain limitations (maximum visits, maximum payable); we are not always able to be aware of these or track them, it is your responsibility.
- While we attempt to verify you benefits, we are not always given the correct information by the insurance company, and verification is not a guarantee of coverage and benefits.
We recommend you contact your insurance company regarding benefits.
- **Important** – Our contracts with Insurance Companies prohibit billing for services considered to be supportive or maintenance care. We have several self-pay options for this type of care.
- If your insurance changes, please notify us ***prior*** to receiving any treatment.
- Any bills from our office must be paid within 30 days to avoid a late fee of \$25.00. Accounts over 60 days past due are subject to interest at the current applicable rate.
- We recognize that financial difficulties do occur. If such problems do arise, we encourage you to contact us immediately so arrangements may be worked out before an account is considered overdue.

TREATMENT SCHEDULE

Dr. Levin has recommended your treatment schedule to most effectively resolve your condition. Failure to be treated at the appropriate frequency may delay your progress and be more costly in the long run.

We do our best to begin your treatment at your appointment time; we understand that your time is also valuable. In fairness to other patients, it is important that you contact us as soon as possible if you have a scheduling conflict or need to re-schedule an appointment. All missed appointment should be made up for best results. If you have a significant change in your condition, please let us know in advance so that we may schedule any necessary extra time. We encourage you to schedule your treatment plan as far out in advance as possible to reserve the times that are most convenient for you.

MASSAGE THERAPY

As massage appointments are sometimes in short supply, we require at least 24 hours advance notice for cancellation of a massage appointment. Failure to do so will result in you, not your insurance company, being charged a missed massage fee of \$40.00. This is necessary in fairness to the therapist and other patients.

PATIENT RECORDS

We are required by law to maintain originals of all patient records, including X-rays. X-rays taken at this office will not be released; copies may be obtained for a fee. Please give several days advanced notice for any requests for copies of records.

I understand and agree to the above policies.

Signature: _____

Date: _____