



PAYMENT POLICY

It is our policy that patients are directly responsible for their charges regardless of any insurance coverage including Medicare and/or supplemental insurance. Patients pay Spine & Sport directly at the time services are rendered and are reimbursed by their insurance company, Medicare and/or supplemental insurance. As required by law Medicare claims will be filed electronically. Office personnel will be happy to answer any questions you may have regarding the cost of our services. We accept cash, checks, VISA, MASTERCARD and AMERICAN EXPRESS.

Patient Signature _____ Date _____

For your convenience we will keep your credit card information on file and charge your account at the end of each session. Please supply us with the following information:

Name on Card _____ Type of Card _____

Credit Card Number _____ Expiration Date _____

I, _____, authorize Spine & Sport to charge the above referenced credit card account provided for services and/or goods provided to me as they are incurred.

Signature _____ Date _____

CANCELLATION POLICY

Our mission is to offer the highest quality medical care and wellness training. In striving to do so, we provide one-on-one attention and small group exercise classes. When an appointment is scheduled, we block off an entire hour for your care. Therefore, we can devote our full attention to your specific needs. If an appointment is cancelled with less than 24 hours notification and we are unable to secure another client for the time that you have reserved, then you will be responsible for the session fee.

Patient Signature _____ Date _____

INSURANCE POLICY

Our priority is the relationship we have with our patients. We focus on the medical needs of each individual without restrictions or influence from insurance companies. In this manner, we believe we are offering the very best in unbiased, evidence-based care. Many third party payers will reimburse a portion or all of your medical expenses. To assist you, we provide documents and forms so that you can independently submit claims to your carrier. In some cases we can submit these claims on your behalf. However, we cannot guarantee that your insurance company will reimburse you for services rendered through our office. We encourage you to contact your carrier for guidance or reimbursement eligibility.

Patient Signature _____ Date _____