



24 Chestnut Street - Suffern, N.Y. 10901  
(845) 369-7611

### **Policy on Insurance Assignment**

We are pleased to accept your insurance assignment subject to verification of your coverage. We will file your claims as a courtesy to 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.

1. I authorize payment of medical benefits directly to Joseph O'Brien, D.C.
2. I authorize the release of any medical information necessary in the processing of my insurance claims.
3. I agree that I will pay the percentage of charges not covered by my insurance company at the time of service. (example: If my insurance pays 80% of my charges, then I pay 20% at the time of charge.)
4. I agree that I will pay in full for charges for items or services, which O'Brien Chiropractic PC believes, will not be covered by my insurance company at the time they are incurred.
5. I agree that I am totally responsible for any charges in this office and, if for some reason my insurance company does not cover charges within sixty (60) days or a claim is denied, I will pay those charges immediately.
6. I agree that if my insurance company refuses to accept assignment of benefits or for some reason sends the payments to me, I will bring or send those payments to Profitt Chiropractic PLLC immediately.
7. I understand and agree that O'Brien Chiropractic PC will not enter into any dispute with my insurance company regarding a claim and that this is my responsibility and obligation.
8. I agree that a copy of this document can be considered that same as an original when used for insurance billing purposes.

**PLEASE SELECT ONE OF THE FOLLOWING:** We offer two ways of handling your account.

\_\_\_\_\_ **CASH ACCOUNT:** You will be required to pay in full for all services rendered upon each visit. Itemized statements will be furnished to you upon request. We do not bill your insurance company for cash accounts.

\_\_\_\_\_ **INSURANCE ACCOUNTS:** If you want us to bill your insurance for you, we will bill your insurance as long as your insurance company accepts assignment and we will make payment directly to O'Brien Chiropractic PC. You will be required to pay in full for services rendered while meeting your deductible (discounts will not apply). After your deductible has been met, you will be responsible for paying non-covered items at the time they are purchased and for the percentage not covered by your insurance. Verification of your insurance benefits does not guarantee payment. We will bill your insurance company as a courtesy to you and will estimate your patient portion (the percentage not covered by your insurance) as closely as possible based upon the benefits as explained to us by your insurance company.

**MY SIGNATURE BELOW VERIFIES THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE OFFICE POLICIES AND WILL ALLOW PROFITT CHIROPRACTIC PLLC TO ACCEPT MY INSURANCE ASSIGNMENT.**

\_\_\_\_\_  
INSURED SIGNATURE                      DATE

\_\_\_\_\_  
PATIENT SIGNATURE                      DATE