**Insurance Information/Assignment of benefits:** Patients are required to provide Bukaty Family Chiropractic with current and accurate insurance information at every visit. Please be sure to provide us with accurate information to avoid unexpected out of pocket costs. The service(s) you have elected to participate in implies a financial responsibility on your part. Some services are not covered by some insurances. IE: Decompression, Re-exams, extended visits, discussion of supplements and extremity adjustments. The responsibility obligates you to ensure payment in full to Bukaty Family Chiropractic fees for these services.

In addition, most insurance companies have additional stipulations that may affect your coverage. If your insurance carrier denies any part of your claim, or if you or your doctor elects to continue treatment, you will be responsible for your balance in full. By signing below, you authorize Bukaty Family Chiropractic to furnish information to insurance carriers concerning your illnesses and treatments and herby assign all payments for medical services rendered to you or your dependents to Bukaty Family Chiropractic. Furthermore, you will be held responsible for any amount not covered by your insurance plan. Initials\_\_\_\_\_\_\_\_\_

**Co-pay, Deductibles, POS Plans, Private Payments and Unpaid Balances:** In accordance with the provision of your insurance plan, you may be required to pay for a portion or all of your treatment. As a result, if you have a co-pay, deductible, or point of service plan or if you are a private paying patient, **Payment is required at the time of service.** That amount will be credited against the cost of the service rendered, but in many cases will not cover the full amount. Bukaty Family Chiropractic requires you to contact your insurer’s member services for information on your coverage and out-of-pocket expenses. Should you need to discuss this payment policy, you may contact our office manager at 716-627-3668 ext 4 **prior** to your appointment. Please note it is within our discretion to take current payments and apply them to existing unpaid balances or move credit balances to future appointments. If for any reason you maintain an unpaid balance on your account and fail to work out a payment arrangement with us, after 90 days your account will be turned over to a collection agency, proceedings will begin and you will be discharged from care. Accounts sent to collections will have a 30% collection fee added to the balance along with applicable attorney fees. Initials \_\_\_\_\_\_\_\_\_\_

**Appointment Cancellation and No-Show Policy:** Your scheduled appointment is time reserved especially for you. **We require a minimum of 24-hours advance notice for cancellation of an appointment to allow us to offer this time to other patients.** Appointments rescheduled within 24 hours will be assessed a $35 late cancellation / no-show fee. All assessed fees are collected at the time of scheduling the next appointment. Patients will not be able to reschedule an appointment until all fees are paid.

**I have read and agree to all of the above policies. I understand that my failure to comply with any of these policies may result in discharge from the medical practice.**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Patient with NO Fault or Workers Compensation will be handled in compliance with NYS law with regard to payment and benefits.

**Jan 2022**