

**VERIFICATION OF FINANCIAL RESPONSIBILITY
AND RELEASE OF MEDICAL RECORDS**

Welcome to Broghammer Family Chiropractic. *Please take a moment to read the following explanation of our payment policy.*

Professional services are provided and charged to the patient. Insurance is considered a method of reimbursing the patient for fees paid to the doctor.

Payment is expected at the time of service for all co-payments, deductibles and non-covered services. You will receive a statement and are responsible for any balances remaining after insurance has paid.

For your convenience we accept Visa and Mastercard.

We participate (accept assignment) with most of the insurance plans in our area. A claim will be filed on your behalf for the services if we have complete and accurate insurance information. **Please present your insurance card when you arrive so that we may copy it for your file.**

It is important that you notify us promptly of any insurance changes.

Please remember: The patient or responsible party is responsible for payment of the account regardless of whether they do or do not have Insurance.

Thank you for your understanding and cooperation. If you have any questions, please feel free to ask.

I have read and understand the written payment policy of this office. I agree to make financial arrangements for payment of balance in full accordance with the policy

(Signature of Responsible Party*)

(Date)

I authorize payment of medical claims to Broghammer Family Chiropractic for services rendered by this office.

(Signature)

(Date)

I authorize the release of medical information necessary to process claims for Broghammer Family Chiropractic. I also request payments of government or insurance benefits either to myself or to the party who accepts assignment.

(Signature)

(Date)

**If you are under the age of 18 a separate authorization must also be signed—please ask for this form.*