

## Dr. Billy R. Flowers

Chiropractor

2124 N.E. Hancock Street · Portland, Oregon 97212

Office (503) 287-5504 · Fax (503) 287-8913

www.drBillyFlowers.com

### FINANCIAL POLICY

We want you to feel comfortable with our office regarding your financial and insurance matters and thereby prevent misunderstandings. We believe you, our patients, expect and deserve the highest quality care we can provide at a reasonable cost. While we take advantage of every possible avenue to keep costs down, we are committed to not sacrificing quality for less expensive care. Please feel free to contact us if you have any questions regarding our services or our financial policies.

#### INSURANCE

1. You are ultimately responsible for your bill regardless of insurance coverage.
  - a. Many people are under the impression if they have insurance, it is the insurance company that owes the doctor for his services. This is NOT the case. The insurance contract is between the patient and the insurance company.
2. As a courtesy to our patients, we will bill all applicable insurance companies
3. A 10% TIME OF SERVICE discount will be given for all services PAID IN FULL by cash check or credit card.
4. The balance of the account is due in full within 90 (ninety) days of service. We suggest following up with your insurance company if payment has not been made within 60 (sixty) days
5. Delinquent accounts will be considered for referral to a collection agency at the discretion of the billing manager.

**Assignment and Release:** For individuals with insurance, your signature below hereby authorizes your insurance benefits to be paid directly to Billy R Flowers, D.C. It also authorizes the doctor to release any information required for payment and processing of this claim. Please sign below to acknowledge your understanding of the information above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date