

MANG CHIROPRACTIC

2040A PUBLIC SQUARE COURT

NORTH BEND OR 97459

DR. CALVIN E MANG DC PC

PHONE: (541) 756-0525

FAX: (541) 756-8428

Financial Policy

NO INSURANCE (CASH):

You will be expected to pay at the end of each visit, unless other financial arrangements are made. Payment periods can be set up according to your desire as long as payments are made on time. If you fail to make your payments at the time necessary without providing us with an explanation, you will then be expected to pay at the end of each visit.

INSURANCE:

You will be expected to pay your deductible and any portion of our charges that insurance company doesn't pay for.

ON-THE-JOB INJURIES:

Your treatment will be covered completely by the insurance. You will not be responsible for any of the bill.

CAR ACCIDENTS:

We will need information regarding your insurance or attorney. If you do not give us your insurance or attorney information you will then be expected to pay at the end of each visit.

CANCELLATION/MISSED APPOINTMENTS:

If you aren't able to keep an appointment, we ask that you kindly provide us with a 24 hour notice whenever possible. We may charge a fee if a patient doesn't show up, cancel or reschedules without sufficient notice.

Please set up a payment schedule with the person in the office before leaving. We accept payment by cash, check, most debit and credit cards and Care Credit. If a plan is not set up then we will assume that you agree to the outlined payment plans and will expect payment from you at the appropriate time.

COLLECTION FEE CLAUSE:

If it is necessary to refer this account for collection buyer agrees to pay seller reasonable attorney fees and collection costs including any collection fees charged by a collection agency, even though no suit or action is filed. If a suit or action is filed the amount of such reasonable attorney's fees or collection charges shall be fixed by the court or courts in which the suit or action including any appeal therein, is tried, heard or decided.

I have read the above outlined payment plan. I understand and agree to follow the payment schedule.

Signed: _____

Date: _____