



FINANCIAL POLICIES

Michael T. Owsley, DC
585-B Westport Rd
Elizabethtown, KY 42701

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, AND VISA/MASTERCARD.

Regarding Insurance

We may accept assignment of insurance benefits after your second visit. However, we do require your deductible and co-payments be paid at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered service and not considered reasonable and necessary under the Medicare/Medicaid Program and/or other medical insurance. These determinations will not alter the doctor's recommendations for your care. Any uncovered services will remain your responsibility.

Regarding Personal Injury/Worker's Compensation

This office will work with your insurance company and attorneys in order to facilitate payment of your bills. However, you are still responsible for any and all unpaid portions after settlement. If you, the patient, discontinue care for any reason prior to being released by your doctor, your bill will be due in full at that time.

Adult Patients

Adult Patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless payment by cash or check at time of service has been verified or prior arrangements have been agreed upon.

Records

X-rays are a necessary diagnostic examination tool and the fee paid is for the interpretation done by the doctor. The information on the films belongs to the patient, but the actual film belongs to the office and remains the property of this office for a period of seven years. You are entitled to one free copy of your medical records upon written notification. Any subsequent copies will be subject to a copying fee.

Regarding Billing

It is not the policy of this office to conduct billing to individual patients. As noted, full payment is due at the time of service. We will submit any insurance claims to your designated carrier, however if any unpaid portion of your bill remains, you will be responsible for the balance. In the event that you discontinue care prior to receiving all "Explanation of Benefits" (EOB) on your account, we will balance bill you for the remaining portion upon receipt of the final EOB from your insurance company.

Balances which remain unpaid for 90 days will be sent to collections. In the event that we are forced to send your account to collections, you will be responsible for any fees incurred for this process.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Your signature below acknowledges that you have read and agree to the terms set forth in this financial policy.

Print Name: _____ Signature _____ Date ____/____/____