



This is an agreement between Back 2 Back Chiropractic and the Patient names on this form. In this policy the words “you”, “your”, and “yours” mean the Patient. The word “account” means the account that has been established in your name to which charges are made and payments are credited. The words “we”, “us”, and “our” refer to Back 2 Back Chiropractic.

Insurance: We accept most insurance plans, but are only in network with Blue Cross Blue Shield. We are happy to verify your insurance benefits on your behalf. After verification, please contact your insurance company with further questions regarding coverage.

Proof of Insurance: We must obtain a copy of your driver’s license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance card prior to, or at the time of your first appointment you may have to self-pay for your appointment.

Coverage Changes: If your insurance changes it is your responsibility to inform us. Any fees acquired during this period of change not covered by your insurance are your responsibility.

Co-Payment, Deductible, Co-Insurance: It is your responsibility to pay any deductible, co-pay, co-insurance or any portion of the charge as specified by your plan. This is your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients is considered fraud. Please help us uphold the law by paying your portion of any charges at each visit.

Non-Covered Services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. You agree to pay any portion of the charges that is not covered by insurance

Budget Plans: this office can set up a budget plan for any outstanding large balance; you will need to leave a credit card on file for our office to run on the specified date each month until your balance is paid off

Claim Submission: As a courtesy to you we will submit your claims and assist in any way we reasonably can to help get your claims paid. We will file to both your Primary and Secondary insurance policy only. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance company does not respond within 60 days, you are responsible for the remaining. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Missed Appointment/No-Show: Our policy is to charge for missed appointments. If you do not show up for an appointment, or do not cancel within 12 hours, there will be a missed appointment fee of \$25.00. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment. If you have to miss an appointment or reschedule for any reason please call and leave us a message or email us to avoid this fee.



Effective Date: Once you have signed this agreement, you agree to all terms and conditions contained herein and the agreement will be in full force and effect.

Please be aware that we will verify that you have active insurance and that we can file a claim on your behalf. We will verify specific covered services and codes. Please be aware that Back 2 Back Chiropractic is not responsible for any misinformation regarding insurance benefits. The information we receive is not a guarantee of payment as claims are subject to review based on the members plan.

Patient/Guardian: _____ **Patient DOB:** _____

Responsible Party (if not patient): _____ **Contact Phone #** _____

Signature: _____ **Date:** _____

B2B Staff Representative: _____ **Date:** _____