

Olsen Chiropractic Office DBA
JUST FOR THE HEALTH OF IT

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FINANCIAL POLICY

It is the policy of Olsen Chiropractic LLC dba Just For The Health of It ("Olsen Chiropractic") that, all care and services rendered are charged directly to you, the patient, and you are ultimately responsible for all payments, regardless of whether or not this office accepts insurance assignment. Olsen Chiropractic will handle the billing details with the insurance company(s) on your behalf. Olsen Chiropractic will not accept assignment with any insurance company. However, Olsen Chiropractic, at the sole discretion of Dr. Cara Olsen, may wait for payment until your particular case is settled provided that you obtain an attorney who is willing to protect the fees and charges from Olsen Chiropractic. Furthermore, the attorney must be willing, and signs a document stating he/she will protect the fees, and charges of Olsen Chiropractic. Olsen Chiropractic may file a medical lien as part of our billing and collection process.

All payments are expected at the time of service or at the end of each week. Patient balances may not exceed \$200.00 at any time, or professional services may be terminated. A financial charge of one percent (twelve percent annually)-minimum \$2.00 charge and subject to change-will be assessed for my account when in excess of the amount stated above. The financial charge will be assessed at or near the time of billing cycle at the end of each month. This office will bill your insurance company for you on a regular basis. I understand that my insurance policy is a contract between the insurance company and myself. Therefore, I am ultimately responsible for payment of all care and services rendered to me by Olsen Chiropractic. A nonsufficient funds charge ("NSF"), of no less than \$20.00 and subject to change will be charged for each check or credit card transaction returned as NSF. I also acknowledge and understand that if I suspend or terminate my care and treatment, any fees and charges for professional services rendered for me will be immediately due and payable. In the event of a delinquency and or a dispute of my account and/or if my case is turned over to collections for non-payment, I am responsible for all collection and legal fees accrued as a result of the action(s).

My signature below verifies that I have been informed of the financial policy of Olsen Chiropractic dba Just For The Health of It, that I fully understand, and I am in agreement with the financial policy of Olsen Chiropractic.

Patient Signature: _____ Date: _____