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At Montgomery Family Chiropractic we understand the cost of healthcare is a concern for our patients. Although patient care is our main priority, we hope you will assist us by understanding your responsibility as it relates to our financial policy. If you have any questions regarding our policy, a member of our staff will gladly assist you.

Please select one of the following:

- If you have insurance **full payment** of patient obligation is due at each visit. This includes deductible, copay or co-insurance.
We will verify your coverage as soon as possible. Please be aware that insurance companies offer different coverage for specialties such as chiropractic and true coverage may not be stated on your card. **You will be responsible for any portion your insurance does not cover.**
- If you do not have insurance or your insurance does not cover chiropractic care, all payments are required at the time of service. By doing this you qualify for our Time of Service discount.
Please note when you take advantage of the Time of Service discount these charges may NOT be submitted to insurance by you or our office.
- If you have Medicare we will submit Medicare allowed services (**spinal adjustments only**) to Medicare and your supplemental insurance.
Patients are responsible for the exam, extra-spinal adjustments, x-rays and therapies. When paid at the time of service, these charges qualify for the Time of Service discount.
- Work Comp or accident claims will be filed by our office. All charges are initially the responsibility of the patient and payment is expected at the time services are rendered.

If you require special consideration for payment, please let us know prior to treatment.

I will be paying today by cash _____, check _____, or debit / credit card _____ .

We accept Visa, Discover and Mastercard.

I have been explained the payment options offered by Montgomery Family Chiropractic and have checked the option **and** payment type that best suits me.

Patient Signature

Date