

WORKERS COMPENSATION FINANCIAL POLICY

This is an agreement between Skye Chiropractic and the Patient/Debtor named on this form.

In this agreement the words "you," "your," and "yours" means the Patient/Debtor. 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 Skye Chiropractic.

Charges to Account: Upon reaching an agreement with your worker's compensation carrier, employer, or attorney, charges may be made to your account without payment at time of service during your worker's compensation claim. We shall have the right to cancel this privilege at any time if circumstances between this office and worker's compensation carrier, employer, or attorney change. When appointments are not made and kept according to your treatment plan, you may be released from our care due to non-compliance. Treatment may no longer be charged to your account. The bill from your worker's compensation treatment may or may not be transferred to you.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in effect. You may receive a copy of this agreement upon request.

Insurance and payments: While you are under care for your worker's compensation claim you authorize us to send your records and bills to the appropriate companies. (i.e. worker's compensation carrier, employer) You authorize your worker's compensation carrier, employer, or attorney to pay benefits directly to Skye Chiropractic. If benefits are paid directly to you the patient, payment for your full bill will be expected promptly after your settlement is reached. Any unpaid balance over 120 days post settlement will be transferred to our collections agency. If we refer your account to a collection agency, you agree to pay all of the collection costs that are incurred to you and it will become your responsibility. The worker's compensation carrier, employer, or attorney will make the final determination of your eligibility and amount of the settlement. If you disagree with any verification or payment on your behalf, it will be your responsibility to pay your account balance in full. Any discrepancies will be handled between you and your worker's compensation carrier, employer, or attorney.

Monthly Statements: During your treatment all bills and records will be sent directly to the appropriate sources. Please inform the office manager if you would like a copy of your settlement mailed to your home address each month. In the case that a settlement is reached and paid directly to you, you will receive a final bill detailing all charges. It will show previous balances, new charges and any payments or credits applied to your account during the previous months. Prompt payment is expected for the total charges.

Returned Checks: There will be a \$20.00 fee assessed for all returned checks.

I have read and understand the financial policy and agree to all terms and conditions stated herein.

Patient's Name: _____

Responsible Party (if not the patient): _____

Signature: _____ Date: _____