**O'Malley Chiropractic Health Center, LLC**
**78 Beaver Road Suite 1A**
**Wethersfield, CT 06109**
**Phone: 860.257.9400**

*Office Policy - Insurance Assignment*

1. Every attempt will be made to obtain information from your insurance company regarding your particular coverage. We will inform you of any deductible and co-payment responsibilities as soon as we are notified. Deductibles and co-payments may be paid on a per visit basis or on an approved payment plan.

2. When the clinic receives an insurance check, your account will be credited. If there is any balance due at that time, the difference is your responsibility.

3. This clinic DOES NOT promise that an insurance company will pay. Nor does the clinic promise that an insurance company will or should pay the fees as charged.

4. If a referral to our office is required by your insurance company, it is your responsibility to contact your primary care physician to obtain the proper referral. This clinic is not responsible for obtaining this information. You, the patient, will be responsible for all charges incurred at this clinic if the proper procedures for obtaining a referral are not followed.

5. If you cannot make your appointment, notify this office – 24 hours notice is expected. If we do not receive proper notice (except in emergencies), a $50 surcharge WILL BE ENFORCED and must be paid by the patient.

6. This clinic will not enter into a dispute with an insurance company regarding coverage or the amount of reimbursement. This is the patient's obligation.

7. The fees charged at this clinic may be higher or lower than other clinics. A schedule or services/fees may be secured from the office.

8. In the event an account must be sent for collection, the patient agrees to pay all collection and/or legal fees and costs.

9. In this document, I hereby give authorization to this clinic to release my medical records to my insurance carrier is said records are requested.

10. I understand that if I am accepted as a patient by the physician and therapists at O'Malley Chiropractic Health Center, LLC, I hereby authorize them to proceed with any treatment that may be necessary. Furthermore, any risks regarding Chiropractic treatment will be explained to me upon request.

11. I understand that I am responsible to pay for the services rendered as per the fee schedule.

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Patients' Signature Date