



FINANCIAL POLICY

You understand that this office is an out-of-network provider and any fees are your responsibility. The initial consultation is provided at no charge after which, you will be informed of fees for service before they are performed or rendered. Insurance policies are an arrangement between an insurance carrier and a patient or insured. As a courtesy, Cincinnati Upper Cervical and Family Chiropractic® will validate your insurance to verify your coverage and will provide you with any and all necessary paperwork to ensure you get reimbursed according to your insurance plan. If you have questions concerning this or any other matter, please speak with the receptionist or our insurance department prior to seeing the Doctor.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Signature

Date

24 HOUR CANCELLATION POLICY

If you miss your appointment or cancel your appointment without advanced notice, it may prevent the Doctors from helping other Practice Members in need. In consideration to other Practice Members and to our practice, kindly give 24-hour notice if you are unable to keep your appointment. Noncompliance with this policy will result in a late-cancellation fee of **\$25.00** before scheduling another appointment.

I have read and understand the 24 Hour Cancellation Policy and agree to abide by these terms.

Signature

Date