



Clark Chiropractic Center's Policy for Workers' Compensation Cases

I understand that in order for this office to accept assignment (file your insurance claims for you and wait for payment) I must first provide them with the following information. Otherwise, payment for today's visit is due at the time of service.

Claim Number _____

Accident Date _____

Name of Supervisor _____

Employer's Address _____ City _____ State ____ Zip _____

Employer's Telephone Number _____

Workers' Compensation Benefits Coordinator: _____

Benefits Coordinator's Telephone number _____

Name of Insurance Company _____

Address of Insurance Company _____ City _____ State ____ Zip _____

Name of Representative _____

Telephone number _____

A copy of accident report

Name of my "regular" health insurance company _____

Whose name is the policy under? _____

Social Security Number of insured _____

Policy # _____ Group # _____

Address of Insurance Company _____

City _____ State _____ Zip _____

Phone # _____

Until this information is verified by Clark Chiropractic Center, I further understand that any subsequent visits will also be my financial responsibility and will be due and payable at the time of the office visit.

Signature _____ Date _____

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OFFICE POLICY

APPOINTMENTS

After the first week of treatment, Dr. Clark will recommend a treatment plan, laying out the number and frequency of appointments necessary to resolve your problem. You will get the best results, and save time and money, by following this schedule as much as possible. Should you need to miss an appointment, it is important that you make it up within 7 days.

PATIENTS WITH INSURANCE

As a courtesy, we will file your insurance claims for you. You have been given an "Insurance Coverage Verification" form, which must be completed before we can submit your claims. After this is done, and any deductible has been met, we will collect your co-pay at the time of service and wait up to 60 days for your insurance to reimburse the rest.

We file all claims electronically twice per month. **Should your insurance company deny payment or take over 60 days to pay, you will need to pay any outstanding balance at that time, and resolve the problem with your insurance company. We will provide you with any records you may need to accomplish this, but we cannot fight the insurance company for you.** Your insurance policy is a contract between you and your insurance company. Filing your claims is a free service we provide our patients as a courtesy. You are ultimately responsible for your bill.

We do not file for secondary insurance, but we will be happy to print out your claims so that you may do so.

ZERO BALANCE POLICY

Our office policy is that all accounts must be current before any further services can be rendered.

After 60 days, any amount due will automatically enter the collections process. Any fees incurred in collecting the overdue amount will be automatically added to the bill.

I understand and agree to the above office policy.

(Signature) _____ (Date) _____