

Altair Chiropractic LLC

452 Knik Goose Bay Road
Wasilla, Alaska 99645

Payment & Treatment Agreement

This office currently can bill insurance at the request of the patient. The patient is expected to pay their percentage at the time services are rendered unless other agreement is made with Dr. Altair. We accept payment in the form of checks, cash, Visa and Master card. There is the possibility that the insurance company may choose to deny coverage for some services or procedures. If this is the case, the patient will be responsible for paying the balance. Our office does call to verify insurance coverage but the insurance company does not guarantee payment.

For patients who choose to pay at the time of service, we provide a super bill for you to submit to insurance. For your understanding, it is your responsibility to deal with your insurance company. If there are extra reports requested, above and beyond the super bill, the company will be billed in advance to pay for the time require to initiate and prepare such reports.

Patients without insurance coverage are expected to pay at the time of service unless other arrangements are made with Dr. Altair

Appointments: There is no charge for cancellation or rescheduling of appointments if made 24 hours before the appointed time. Cancellations and “NO SHOW” appointments without 24-hour notice will be subject to a charge of \$60.00. Your courtesy is most appreciated.

Emergency Services: We do not admit patients to hospitals or make hospital visits. A variety of health care services are provided on an outpatient basis.

By signing below, I acknowledge that I have read the above Payment & Treatment Agreement and understand my responsibilities to both.

Print Name _____ Date_____

Signature _____