Suwanee Family Chiropractic

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Patient Responsibility Form

Please be aware that **you**, **the patient**, are responsible for understanding your insurance benefits and how claims will be processed.

As a courtesy we try to verify deductibles and coinsurances. It is within the contracted right of the doctor to bill each patient's Anthem BCBS, Aetna, Cigna and United Healthcare insurance, as it is not easy to verify how certain plans cover x-rays, an exam or any procedure codes submitted.

If we bill your insurance company and there is an overpayment, we will use this as a credit for future Chiropractic and Massage visits. As for the time and money it costs to manage these plans, we will no longer be issuing refund checks.

If your coverage has been terminated, or the maximum number of Chiropractic visits allowed by your plan has been exhausted, you will be responsible for paying for your appointments at the full cash rate at the time of service.

I understand and assume all responsibility for my copays and deductibles.

I also understand that the verification of my insurance benefits does not guarantee payment.

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Signature of the Patient *(or responsible party if patient is a minor)* **Today's Date** (xx/xx/xxxx)