



OFFICE POLICY

Appointment Policy

At our office, your health is our main concern. We use a “team approach” to healthcare to provide you with the best care possible. Our goal is to help you receive the utmost in quality care and health education. Dr. Lisa Wood provides you with a specialized schedule of appointments customized to your specific healthcare needs, as well as at-home recommendations that are crucial to your care. Therefore, it is important to keep all of your appointments and follow the doctor’s recommendations for optimum results. If you are unable to make an appointment we ask that you call 24 hours prior to your appointment to reschedule. We reserve the right to charge for missed appointments. The missed appointment charge is \$25.00.

Financial Policy

All expenses incurred by patient, as a result of treatment performed by Dr. Lisa Wood or staff, and/or health care items (i.e.: pillows, ice packs, supplements, etc.) purchased, are due and payable at the time of service. Patient agrees to be solely responsible for any balance incurred.

Insurance Assignment Policy

Our office will be more than happy to accept your insurance assignment. However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance. Our office does not guarantee that your insurance will pay. If you have insurance coverage that covers chiropractic care, the office will file your claims and handle correspondence. Depending on the benefits allowed by your insurance company, you are responsible at the time of service for any deductibles, co-pays or uncovered services. Because this is an insurance requirement, we cannot bill you for these. If for any reason your insurance fails to pay us for services, you will be responsible for any unpaid balance. Our office will not enter into a dispute with your insurance company over your claim.

Workman’s Compensation Claims

We will accept any workman’s compensation claim from the state of Arizona. We require written approval/ authorization by your employer and/or worker’s compensation carrier at the time of your initial visit. If for any reason your claim is denied, you will be responsible for payment in full.

Personal Injury Claims

We will accept any personal injury case as long as the proper information is completed and given to us for billing purposes. You will be asked to read and sign a lien agreement. If for any reason your claim is not paid, you will be responsible for any balances due.

Finance Charge

A finance charge may be imposed on your account if not paid within sixty (60) days. The finance charge will be computed at the rate of one percent (1%) per month or an annual percentage rate of twelve percent (12%).

Returned Checks

There is a fee of \$30.00 for any checks returned by the bank.

Authorization

I certify that all information given on the intake form regarding my health have been answered to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health. I authorize the office to release any information pertinent to my case to any insurance company, adjuster or attorney to facilitate collection under the assignment, lien and authorization. I also understand and agree with the above policies.

Patient or Guardian Signature

Date