



PHYSICAL DIMENSIONS

CHIROPRACTIC, PHYSICAL THERAPY, SPORTS MEDICINE
www.physicaldimensionsihg.com

MEAD : 970.535.9900 // LONE TREE: 303.925.1050

FAX: 888.808.8236

INFO@PHYSICALDIMENSIONS.IHG.COM

9068 FORSSTROM DR. C25 LONE TREE, CO 80124

209 MAIN ST. #E MEAD, CO 80542

Financial Policies

Insurance:

The insurance (managed care) industry manages your care and dictates what they will pay for based on what they feel is medically necessary. Physical Dimensions IHG does our absolute best to make sure the insurance decides that the treatment is medically necessary.

Our office is committed to helping you maximize your insurance benefits. As a service to our patients, we will bill insurance companies for services rendered and allow 60 days for complete payment. Any unpaid balances after 90 days will become patient responsibility.

I am financially responsible for any applicable deductibles or co-pays. I also understand that I am financially responsible for any charges not covered by this assignment; including any denials for any reason. I understand that I will be held responsible for any costs incurred regarding collection of payment for services rendered.

Initial _____

UNITED/AETNA- Up to 20% of services may be reduced by your insurer that will be transferred to patient responsibility.

Initial _____

Auto:

We do require a credit card on file until we receive any med-pay information. If there is no med-pay we will keep the credit card on file until the account has been settled. We do reserve the right to charge the credit card if the case has been settled and we have not received payment or correspondence within 60 days. We do offer a 20% discount for payment in full within 60 days of the case settling.

Initial _____

Minors:

Minors are welcome to come without their parents for their visits. However, if a parent is not going to accompany the child we do require a credit card on file that will be charged after each visit for any applicable co-pays, co-insurance, or deductibles.

Initial _____

Missed Appointment:

Unless cancelled **at least 24 hours** in advance, we reserve the right to charge a **\$75.00** missed initial evaluation fee, **\$50.00** missed needling fee, or a **\$30.00** missed appointment fee. We have voicemail available 24 hours a day, 7 days a week should you need to cancel during non-office hours. We are aware that unforeseen events result in a missed appointment and can be discussed on an individual basis.



PHYSICAL DIMENSIONS

CHIROPRACTIC, PHYSICAL THERAPY, SPORTS MEDICINE
www.physicaldimensionsihg.com

MEAD : 970.535.9900 // LONE TREE: 303.925.1050

FAX: 888.808.8236

INFO@PHYSICALDIMENSIONSIHG.COM

9068 FORSSTROM DR. C25 LONE TREE, CO 80124

209 MAIN ST. #E MEAD, CO 80542

Initial _____

Multiple Missed Appointments:

Habitual no-shows or late cancellations may result in higher cancellation fees, and/or dismissal from the clinic. A patient who is eligible for 3 missed appointment fees within a 2 month period will be charged the full visit amount (\$65-\$100 depending on the visit type) for all subsequent no-shows or late cancellations. It is to the discretion of the doctors to dismiss the patient from the clinic.

Initial _____

By signing below, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices and have, therefore, been advised of how health information about me may be used and disclosed by Physical Dimensions IHG and how I may obtain access to and control of this information.

Initial _____

Name (print) _____

Signature _____ **Date:** _____