



# Skyline Integrative Medicine, LLC

*Dr. Jennifer Fletcher DC, LAc*

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## Welcome to our Office

Thank you for choosing our clinic. My goal is to ease your existing pain and correct its underlying causes so that you may reclaim great health. We are here to help you feel extraordinary through an integrated approach of Chiropractic care and Oriental Medicine. To increase your power as a health care consumer and support your involvement in your own healing, we offer education in an array of self-care techniques. Treatment modalities include: manipulations, physical therapy, acupressure, acupuncture, postural assessment, exercise programs, herbal and dietary remedies.

## Financial Policies and Procedures

Payment in full is due at the time of service. If you have questions regarding any treatment, fee or service, please discuss them with the office manager promptly and frankly. We will make every effort to avoid any misunderstanding, to rectify an injustice and to preserve your trust and friendship.

To further assist you we offer several payment opportunities. You may pay for your treatment with cash, check, Master Card or Visa. Please inquire with the office manager for any questions. As a service to our patients we are happy to assist those of you with health insurance in filing your claims. However, in an effort to avoid disappointment, we strongly recommend you contact your insurance company to be certain that you have Chiropractic and/or Acupuncture care as a part of your benefits. As you know, most insurance companies will only pay a percentage of the total claim. Co-payments and deductibles are payable at the time of service.

If a statement is sent to you at the end of the month, the payment is due in full within 15 days of the billing date. If you are unable to pay your balance in full immediately it is possible to make a short term payment plan to pay off your balance. All balances are subject to 1.5% monthly finance charges. This charge is applicable to any and all balances due including unpaid deductibles, co-payments, any fees an insurance company does not cover and to all cash accounts. If it becomes necessary to send your account to collections, you will be responsible for all collection costs as well as court costs, attorney fees and interest.

We ask that you be considerate of all our patients and notify us at least 24 hours prior to an appointment cancellation. **A MINIMUM OF \$45 WILL BE CHARGED FOR EACH MISSED APPOINTMENT, YOUR INSURANCE WILL NOT PAY FOR THIS FEE.** Please help us serve you better by keeping your scheduled appointment.

Please be advised that insurance billing is done as a courtesy and you are liable for any and all balances not paid by the insurance company. It is your responsibility to follow up with your insurance company to make sure all bills get paid and to verify your coverage. Please remember insurance billing is done as a courtesy only.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_