

Texoma Wellness Center  
P.O. Box 248 Whitesboro, TX 76273  
**Dave W. Tuck DC, PC**

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427 N. Grand Ave.  
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### Financial Policy

We would like to take a moment to welcome you to our office and assure you that you will receive the very best care available for your condition. In order to familiarize you with the financial policy of this office we would like to explain how your medical bills will be handled.

**Explanation of Insurance Coverage:** Many insurance policies do cover chiropractic care but this office makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coinsurance for chiropractic care. We require that you, the patient, be personally responsible for the payment of your deductible, copay and/or coinsurance at the time of service. Any balances determined to be your responsibility by your insurance company will also be due at the time of your visit.

**Assignment of Benefits:** Attached is an "Authorization and Assignment" form for you to sign. This form allows us to release information in order to receive payment from an insurance company, adjuster or attorney. It also directs parties to pay Texoma Wellness Center for services rendered. If your insurance carrier, adjuster or attorney pays you directly, you agree to promptly bring those payments to this office. I fully understand I am solely responsible for any balance not paid by my insurance company.

**Voluntary Termination of Care:** If you suspend or terminate your care at any time, your portion of all charges by professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

**No Show or Late Cancellation:** The time of your appointment is saved for you. We believe that quality therapies combined with consistency is a key to success. Accordingly, you will be charged \$25.00 for chiropractic and \$80.00 for massage missed appointments unless they are canceled 24 hours in advance. If you are more than 15 minutes late for your appointment, you may be asked to reschedule or be charged for a missed appointment. Emergencies will be handled on a case-by-case basis. Please understand that missed appointments cannot be filed with your insurance.

**Account Balances:** A statement will be mailed by the 15<sup>th</sup> of each month for all accounts with a balance due. The statements reflect all charges and payments up to and including the previous month. Any account balance owed is due by the end of the month (30<sup>th</sup>). Unpaid balances will accrue a finance charge of 3% per month and may incur expenses for the use of legal means to secure payment. If such legal action is necessary, the costs will be included in the claim. For your convenience, we gladly accept CareCredit, MasterCard, Visa, and Discover.

**Returned Checks:** Accounts will be charged a \$25.00 fee plus any bank charges for each returned check. If more than 2 checks are returned from your account, payment by cash or credit card will be required.

**Payment Arrangements:** Texoma Wellness Center realizes that payment arrangements must be made from time to time in order to continue your care. Please let us know if a payment plan needs to be established.

I have read and understand the Financial Policy of Texoma Wellness Center.

PRINT NAME: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: