

**CHIROPRACTIC AND ACUPUNCTURE CENTER, INC**  
**DR KEVIN MOORE**  
**2604 E Dempster, Ste 304**  
**Park Ridge, Il 60068**  
**847-635-8080**

**OUR INSURANCE AND FINANCIAL POLICY**

PAYMENT IS EXPECTED AT TIME OF VISIT. If your insurance has been verified by our office and your deductible has been satisfied, your co-payment will be due at time of treatment. If your deductible has not been paid then 50% of the charge for services will be due at that time.

We will bill your insurance for you. You will be billed after the insurance company has paid for the appropriate dates of service. Full or partial payment is expected within sixty days. If you can not make a full or partial payment, please call and a payment plan can be set up. We require a credit card be kept on file for all patients (except Medicare). If payment is not received within sixty days of the first billing and we have not heard from you, then your credit card will be billed for the balance.

If for some reason no payment is made within 120 days, the balance may be turned over for collection with the under signed responsible for all cost involved with collection.

A \$30 fee will be charged for missed appointments with Dr. Moore. Please call the office prior to your scheduled time if you need to reschedule or cancel your appointment.

Massage Therapy: Cancellations must be received no later than 7:00 PM of the preceding day of your massage. If the office is closed please leave a message. Failure to notify the office before the above stated time will result in a \$30 cancellation fee.

**OTHER METHODS OF PAYMENT**

For those patients' who do not have insurance coverage for our services, you may pay at time of service by: cash, check and major credit cards.

If your health problem is the result of an AUTO ACCIDENT, we will gladly direct bill all charges when your policy provides for direct payment to the doctor. This is formed pay and approved insurance companies. You must present all auto insurance information and major medical policy information prior to when our direct billing begins. Please speak to the front desk assistant if your condition is due to an AUTO ACCIDENT.

If your health problem is the result of a WORK RELATED INJURY, please speak to the front desk assistant prior to any consultation with the doctor.

**I have read and accept the above terms.**

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NAME

DATE