To All New Patients: Please initial next to your method of payment

\_\_\_\_\_ **Insurance Patient**: You need to provide our office with your insurance information. It is not NDCC’s responsibility to verify your insurance. However, we will attempt to do so as a courtesy. You should also know if you have a deductible & the amount of your specialty co‐pay, if any. We will bill your insurance, with the understanding that you are ultimately responsible for your account in our office. All co‐pays are expected at the time of service. If you do not know what your copay is, you will be required to pay $40 per visit until the correct amount of your copay has been determined.

\_\_\_\_\_ **Self/Private Pay Patient**: This includes patients who currently does not have insurance or is covered by a plan in which New Dimensions Chiropractic Center Inc. is out of network with. To receive our discounted rate, payment is required at the time services are rendered. We accept Visa, MasterCard, Discover Card and personal checks. Fee for Initial is $100 which covers consultation, examination and treatment. Fee for follow-up treatment visits are $ 40.00.

\_\_\_\_\_ **Personal Injury Patient**: It is your responsibility to provide our office with any and all insurance information; including PIP, third party, health insurance, etc. We need all claim numbers and insured person’s name, address, and phone numbers.

\_\_\_\_\_ **Workers Compensation**: You are responsible for filling out W/C documents. You are also to have an accident report filed with your employer. If your claim is not accepted, you will be responsible for your account balance. If accepted by W/C, please be aware of the approved treatments as determined by the state department.

**\*\*\*I understand that any missed massage appointments without 24 hour notice, or arriving more than 15 minutes late will incur a $25 fee\*\*\***

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**Printed Name Signature Date**