

COHEN CHIROPRACTIC CENTER

Gerard D. Cohen, D.C.

238 South Arroyo Parkway, Unit #140
Pasadena, California 91105

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FINANCIAL POLICY

Patients are responsible for payment of all charges incurred at our office when services are rendered unless arrangements are made prior to receiving care. As a courtesy to our patients, we will file insurance claims for services provided to our patients but the responsibility for payment is the patient's or his/her guardian. We must emphasize that our relationship as providers of chiropractic care is with **you, the patient**, not with your insurance company. Payments for all insurance claims processed by this office are assigned to this office. **Most misunderstandings regarding insurance can be avoided if you understand the benefits provided by your insurance.**

HMO/IPA ORGANIZATIONS

Patients who seek payment for chiropractic services through HMO/IPA organizations must first obtain authorization from his/her primary care physicians or medical group prior to seeing our doctors. Failure to bring a valid referral/authorization at the time of the first visit may result in rescheduling of your appointment or you will be responsible for payment of your care at the time services are rendered. Patients are responsible for all co-payments, co-insurance and/or deductibles at the time of service.

IMPORTANT: We will try to verify your insurance eligibility and benefits at the time of your visit but eligibility verification is not a guarantee of payment. Your insurance provider will make a final determination of benefits when they receive and process our bill/claim form.

CHANGES TO YOUR INSURANCE COVERAGE

It is your responsibility to advise our office of any changes to your insurance provider and/or insurance benefits. If you fail to advise us of any changes in your insurance, you will be responsible for the full payment of our charges and, if requested, we will provide you with an itemized statement for you to submit to your insurance company.

MORE THAN ONE INSURANCE CARRIER

It is your responsibility to advise our office if you have more than one insurance carrier and to let us know which carrier is your primary carrier. Please note that patients may not have a choice as to which company is your primary carrier. You will need to contact your insurance providers if you are uncertain which company is your primary carrier.

STATEMENT OF FINANCIAL RESPONSIBILITY

I have read the above and agree that all charges for chiropractic services incurred by me or my dependents for services rendered by Gerard D. Cohen, D.C. and his associates are my financial responsibility.

Name (Print or type):

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Signature of Patient/Guardian

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Date