Absolute Wellness Center
complete holistic healthcare

Welcome to Our Practice!

We welcome you to our clinic and look forward to working with you in your journey towards health and healing. We ask that you take a few minutes to read over our office financial policies.

As a convenience to our patients we are happy to:

- File all forms required by your insurance carrier
- Accept personal checks, cash, and credit cards for payment
- Work with patients to provide a cash plan if chiropractic is not covered by your insurance

Payments

Payment for services is required when services are rendered. If your care is covered by an insurance policy, you are responsible for your co-pay and/or co-insurance or deductible contribution on that day. **It is essential that you provide accurate and complete insurance information.** Cash patients may pay as they go or pre-pay for visits to reduce prices and ease check out. There will be a $50 administrative charge for cash patients who request retro billing to their insurance company.

Insufficient Funds

There is a $25.00 fee for each returned check. In the event a check does not clear, payment for services and $25.00 fee must be paid by cash or credit card within 30 days to avoid collection.

Cancellations

If you need to cancel or reschedule your appointment, notify the office before 9am the day of to avoid any charges being added to your account. Missed chiropractic appointments with no prior notification will result in a full $50 charge. Cancelled chiropractic appointments within two hours will result in a $25 charge. To cancel or reschedule a massage please notify the office 24hours in advance. If massage appointments are missed without 24 hours notice a full charge of $80 will be added to your account.

Insurance and non-covered services

Patients are ultimately responsible for all fees incurred. We will gladly file all insurance claims on your behalf. Please read your Explanation of Benefits (EOBs) sent to you by your insurance company. It will explain what was paid, what amount (if any) you owe or what information the insurance company needs from you in order to process the claim. It is NOT a bill. If you receive a request for information from your insurance company, PLEASE follow up in a timely manner so that the claim can be processed. The claims are on hold until you do so. The agreement of the insurance company to pay for your medical care is a contract between you and them. If your insurance company does not pay, you are ultimately responsible for payment, and we will be happy to work with you on a payment plan.

_____ _____

Patient Signature or Parent/Guardian Date

Your right to complain

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to:

Absolute Wellness Center
966 Houston Northcutt Blvd. Ste. F
Mount Pleasant, SC 29464

To Contact Us

If you would like further information about our privacy policies and practices please contact:

Absolute Wellness Center 966
Houston Northcutt Blvd. Ste. F
Mount Pleasant, SC 29464

This notice is effective as of_____. This notice will expire seven years after the date upon which the record was crated. By signing below, I acknowledge that I have received a copy of this notice.

_____ _____
Patient Name Printed Date

_____ _____
Patient Signature Authorized Provider Representative

_____ _____
Personal Representative Printed Personal Representative Signature

_____
Description of personal representative's authority to act for the patient.