

**Complete Health Chiropractic**

1654 E Chocolate Ave

Hershey, PA 17033

**Patient Payment Policy**

Complete Health Chiropractic fee schedule is based on usual and customary fees for the type of service provided.

Generally, your insurance policy will cover a portion of the services provided. ***Please note: There is no guarantee of payment.*** Should your insurance carrier deny payment, the total uncovered balance will be transferred to personal pay and will be your responsibility.

***You are responsible for any deductible, copays, coinsurance or ineligible charges.***

Monthly statements will be sent to you advising you of the status of your account. Payment of your portion of the services, as outlined on the monthly statement under the: "Due From Patient", column must be paid within 30 days of the receipt of the statement. If balance is not received within 30 days, there will be a 5% interest fee applied, along with any collection fees.

I attest that I understand my personal financial responsibilities regarding my treatment as Complete Health Chiropractic.

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**Patient Name**

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**Patient (or Guardian)**

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**Date**