

Kabir Center for Health & Rehabilitation
"Change your Habits, Change your Health, Change your Life!"

2415 E. Washington St. Bloomington, IL 61704

Office 309-663-7011 Fax 309-663-4806

www.kabircenter4health.com

Office Policies

- *On your initial visit payment is due in full at the time of service*, unless prior arrangements were made. This fee can vary, depending on clinical necessity, from \$45 - \$225. As a courtesy we DO accept insurance assignment, but NOT until we are able to contact your insurance carrier directly to verify benefits. If the services rendered today are verified to be covered by insurance and your insurance company pays us, your account will be either credited by the amount of insurance payment or reimbursed to you upon request.

Based on the above, payment today will be paid by: Cash Check Credit Card

- After your initial visit, and if you have verified insurance benefits and your deductible has been met we will bill the insurance carrier and collect only a co-payment or co-insurance fee from you.
- We are a fee for service practice, and therefore expect payment at the time of service. For your convenience you can make one payment at the beginning of the week, or pre-payment.
- We do file with Medicare, however do not accept assignment. Payment is expected at the time of service and Medicare will pay you directly, unless other arrangements have been made.
- If you must cancel and reschedule an appointment, please try to do so within 24 hours of your appointment. Two consecutively missed appointments can result in a consultation with the doctor to discuss your commitment to care.
- This clinic does not promise that an insurance company will pay. Insurance companies pay health costs according to fee schedules, which they have devised. The fee schedule may or may not coincide with the actual fees that are charged. Although insurance companies call their schedules "USUAL, CUSTOMARY AND REASONABLE"; they are often, in fact, based on information and averages of charges gathered from 1 to 3 years ago. Therefore, in most cases, **WHAT A DOCTOR CHARGES MAY BE HIGHER THAN WHAT THE INSURANCE COMPANY PAYS**. This does not mean that the doctor is overcharging. It means that the insurance company pays what they may have agreed to pay (per a contract), or pay based on statistical averages, **NOT WHAT IS CHARGED**.
- By signing below, you agree that any balance over \$500 or over 30 days may be subject to additional collection fees until the account is paid in full.
- If office collections are necessary, I hereby grant this office permission to seek all legal means necessary to collect any and all monies legally due them for services rendered, as well as compensation for all fees incurred during this process.

By signing, I understand and agree to comply with each of the policies outlined above.

Name (please print)

Signature

Date

Witness Signature

Date