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Choicemedpgh.com

**CHOICE RESTORATIVE MEDICINE OFFICE POLICY**

The following is an explanation of our payment and clinic policies. We believe that a clear definition will allow us both to concentrate on the most important issues – regaining and maintaining your health. We will be happy to answer any questions you may have regarding our policies, your account, or insurance coverage.

**Patient Payment Policy**

We require that you provide credit card information to Choice Restorative Medicine. You will not be treated without a credit card on file. The credit card provided will be debited in the event you have any outstanding balance overdue by 90 days. You will receive statements each month via mail and our office will attempt to contact you via phone and email address provided at least 24 hours prior to debiting the card. We will contact you one month prior to the expiration date indicated on the card to obtain updated information.

**Credit Card Authorization**

By providing the credit card below, I \_\_\_\_\_, authorize Choice Restorative Medicine to debit my credit card in the event I have an outstanding balance that is greater than 90 days.

Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover \_\_\_ Other \_\_\_

\_\_\_\_\_

Exp. \_\_\_ / \_\_\_ CVS \_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Billing Policy**

Patients under care are required to make regular payments on all unpaid balances, except for properly documented Worker’s Compensation or auto injury claims. Payments need to be paid in accordance with the arrangements you have made with the front desk assistant. We do charge a 40% interest on all account balances over 90 days for delinquent accounts with a declined credit card. They are also forwarded to a collections agency at that time.

You will receive a monthly statement with all of your charges itemized. Please review these and retain them for your records (taxes, etc.). For questions about your bill, please call, 412-364-9699.

We will not submit claims for non-covered services to any insurance companies or third-party payors under any circumstances. This includes submissions with the intent of obtaining denials. This also refers to maintenance and cash-based services.

### **Confidentiality**

Every employee of this company has been trained to maintain strict confidentiality regarding patient information. For a family member or friend to obtain general information such as your appointment time they must ask for you by first and last name and be able to prove their relationship status with you. If you do not wish any information to be shared please make the front desk assistant aware.

Today most insurance policies do cover chiropractic care. We will be happy to file your primary insurance claim for you and do everything we can to ensure that you receive proper reimbursement; however, we cannot take responsibility for what your health insurance will or will not cover.

### **Appointments**

In order to better serve our patients, we ask that you call if you are unable to make your appointment or if you will be late. Your appointment time is reserved for you. If you fail to notify our office, it leaves a time slot open that could be used to help someone else. Please help us help others.