

Eaton Chiropractic & Rehab Center



Dr. Abigail Eaton, D.C.

6925 E. 96th Street, STE 125 • Indianapolis, IN 46250 • 317.594.2018

Your signature is required for us to process insurance claims and receive payment for services rendered in this facility.

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I acknowledge that I have received a copy of the *Notice of Privacy Practices* from the staff at Eaton Chiropractic and Rehab Center.

I authorize the release of all medical information necessary to process claims pertinent to my medical care, and I request that my insurance company honor my assignment of insurance benefits applicable to the services and pay all insurance benefits directly to my physician, on my behalf.

I acknowledge and understand that all accounts are the full responsibility of the patient. I understand that deductibles, co-pays, co-insurance and non-covered services are my responsibility. Eaton Chiropractic will prepare and file your insurance claims directly with your primary and secondary insurance carriers. It is your responsibility to ensure that insurance payments are processed and paid in a timely fashion. In case of default of payment, I agree to pay legal fees on the balance due, collection costs, and reasonable attorney fees incurred to recover such payments.

Eaton Chiropractic will send statements regularly to keep you informed of any outstanding balances owed to the clinic. Any balance not paid within 90 days will be forwarded on to a collection agency. Financial hardships are available and terms will be reached between doctor and patient for a timeframe agreed upon by both parties. Payment plans are available if you contact our clinic and take initiative to set one up.

Returned checks will be charged \$20 (non-sufficient funds) fee.

Name: _____ Date: _____

Signature: _____