

CHIROPRACTIC ORTHOPEDIC ASSOCIATES

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Dr. James Herzog, DC, DABCO

Board Certified Chiropractic Orthopedist
Certified Manipulation Under Anesthesia Physician

National Registry Certified Medical Examiner

Insurance Verification Procedure

We appreciate your decision to choose our professional services for your Chiropractic needs. The Health care services that we provide come with a financial responsibility on your part.

As a courtesy, we will verify your insurance coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for any payment not covered by your insurance carrier such as any deductible, co-payment and co-insurance as determined by your contract with your insurance carrier. We collect these payments at the time of service.

Many insurance companies have additional requirement or limitations that may affect your coverage such prior authorization, visits, or other care limits. We strongly urge you to verify your Chiropractic Benefits and Eligibility yourself as insurance companies frequently give erroneous information and it is not always guaranteed the information given to our office at the time of services rendered. We value you and your healthcare and wish to continue our promising relationship in aiding you to the road of recovery.

I have read this agreement regarding to my financial responsibility for health care services provided to me or for the patient for whom I am financially responsible. I certify that the information I have provided is true and accurate to the best of my knowledge.

X_____

Date_____