



519 W 87th St.
Naperville, IL 60565
(331)215 - 4919
info@eliterecoverychiropractic.com

PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Elite Recovery Chiropractic as your healthcare provider. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

The patient (or patient's guardian, if minor) is ultimately responsible for the payment for treatment and care.

We will bill your insurance for you, however the patient is required to provide the most correct and updated information regarding insurance.

Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered or approved by their insurance plan.

Copays, Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.

Same Day Cancellations and No-Show Policy

Elite Recovery Chiropractic requests 24-hour notice for canceling or changing appointments. Upon the 3rd same day cancellation or no-show, you will be charged a \$25 fee.

PRINT PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN must sign if patient is under 18 years of age.

SIGNATURE: _____ DATE: _____