

NOTICE

Chandler Chiropractic Clinic
1109 South Church Street
Greenville, SC 29605
(864) 370-2200

Date: _____

Patient Name: _____
Social Security #: _____
Insurance Co: _____

Unfortunately, due to the difficulties in dealing with the auto insurance companies, the following has been incorporated as standard office policy.

If you are working with an insurance adjuster, we will have to have a written statement from them agreeing to pay our office directly for your treatment by us. If the adjuster refuses this option, at the time you complete your treatment you may deposit a post-dated check until you obtain settlement and can pay the bill. The third option will be to hire an attorney to handle the case for you.

It is our policy not to release any bills or reports to the insurance company unless they are willing to pay us directly. We do not release these statements to the patient until the account is paid in full.

We will appreciate any assistance when dealing with your insurance company.

Signature of Claimant

Date

Witness

Date