

Stover Sports Injury & Chiropractic Wellness

327 Dahlonega Street, Suite 1801-B

Cumming, GA 30040

Phone: 678-513-1450

Fax: 678-513-6120

Please let us know how we can best serve you...
(please check one)

CASH

We accept cash, check, Visa, Mastercard, and American Express and many debit cards. Payment is expected at the time services are rendered, unless special arrangements are made in advance with the Doctor. In the event of default on payment, reasonable collection charges and/or attorney fees may be added to my account.

INSURANCE

Please provide us with your insurance card along with you ID so that we can verify what benefits are available for Chiropractic care. If our services are covered under your plan, we will bill your insurance company directly within 72 Hours. You will be responsible for whatever amount your insurance does not pay (ie. Deductible, co-pay, non-covered or denied fees). Please make your co-payment at the time of service. If you choose this option then a credit card guarantee is required. On Day 60, if the bill has not been paid by your insurance company, you will be informed and have 15 days to make payment arrangements. If payment arrangements are not made, then your credit card will be charged for the amount of the claim. In the event of default on payment, reasonable collection charges and/or attorney fees may be added to your account.

PERSONAL INJURY

If you were involved in an accident, please advise our receptionist now since special paperwork is required. We will need a copy of the accident report, your auto insurance information, the adjuster's name, and the name of your attorney (if you have retained one). Once the necessary information is gathered and the insurance is verified, we will attempt to bill the responsible party directly.

You will be asked for a payment today toward your account and will be requested to make co-payments each visit. The remainder will be billed to the appropriate insurance at the end of your care Should insurance fail to pay for your visits here, you will be personally responsible for your bill. In the event of default on payment, reasonable collection charges and/or attorney fees may be added to your account.

WORKER'S COMPENSATION

If you were injured while at work and your company has agreed to cover your medical bills, you will need to provide us with an "Authorization to Treat" form provided by your employer. Once the necessary information is gathered and the insurance is verified, we will bill the employer/insurance carrier directly. Should they fail to pay for your care, you will be personally responsible for your bill. In the event of default on payment, reasonable collection charges and/or attorney fees may be added to your account.

I understand the options listed above and will comply with the guidelines listed by the option which I have chosen.

CREDIT CARD: AMEX VISA MC DISCOVER

CARDHOLDER NAME _____

CARD # _____ EXP. DATE _____

I agree to the above terms and authorize you to charge any payment not paid per the above terms that I have marked.

Name: (Please Print) _____

Signature: _____

Date: _____