



## CREDIT CARD GUARANTEE

Dr. Ralston and the staff of Chiropractic Neurology Center of Indianapolis feel that our patients deserve the best care. Further, we feel that everyone benefits when financial arrangements are clearly defined and agreed upon. Therefore, **PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETELY.**

All charges incurred are the responsibility of the individual patient from the date of service rendered, including applicable co-payments. If the patient is a minor, the adult accompanying the minor and the parents (or legal guardians) are responsible for payment. We extend to each patient the courtesy of filing your insurance claim for you. An initial grace period of 90 days will be allowed for insurance payment. If after the 30 days we have not received payment, you will be contacted and asked to follow-up with your insurance provider. After 60 days you will receive another notice from us regarding payment and finally, if your insurance has not paid your claim by the end of the 90 day grace period, the balance then becomes your responsibility.

If no payment is made after 90 days, your permission is given to CNCI to run your credit card for payment of your balance.

Credit Card Number: \_\_\_\_\_ / Exp. Date \_\_\_\_\_

### **AUTHORIZATION:**

I have read the above financial policy and agree to the terms therein.

Additionally, I authorize CNCI to charge my credit card should my account become delinquent.

Name: \_\_\_\_\_ / Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ / Date: \_\_\_\_\_