



Northern Hills Chiropractic & Wellness Centre

APPOINTMENT REMINDERS

Please note that it is **your responsibility** to keep track of your appointments. We will do everything we can to remind you of them in adequate time for you to make arrangements or changes for that appointment.

DIRECT BILLING INSURANCE & PAYMENT ARRANGEMENTS

The Canadian Personal Privacy Act prohibits us from accessing any information from your insurance carrier. It is the responsibility of the insurer to know the details involved in your plan (annual maximums, frequencies, other limitations.) We extend the courtesy to bill your insurance directly, however, to avoid any discrepancies please be fully aware of the particulars of your plan so you can use your benefits to the maximum.

Below are 2 payment options available to you. Please CIRCLE the option that best suits you:

OPTION #1: Payment is due **in full** on the day treatment is completed. We accept debit, MasterCard, Visa and American Express. A receipt will be generated for you to submit to your insurance.

OPTION #2: We will direct bill your insurance carrier. You will be required to leave a credit card number on file & any outstanding amount will applied to that credit card once your insurance carrier has paid us its portion. A receipt for payment will be mailed/emailed/given to you. If we receive an explanation of benefits from your insurance carrier after your visit you will be required to pay the outstanding balance before you leave.

I have read and understood the above policies.

Patient/Guardian Signature

Date

OPTION #2 ONLY:

CREDIT CARD (CIRCLE ONE): **DEBIT** **VISA** **MASTERCARD** **AMERICAN EXPRESS**

Card #: _____ Expiry Date: (mm/yr) ____/____/CVC _____

Your Name as it appears on card: _____

Signature of Cardholder: _____



Northern Hills Chiropractic & Wellness Centre

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CHIROPRACTIC & WELLNESS HEALTH INSURANCE INFORMATION

Our office is NOT set up to direct bill insurance companies - except as stated in this form. It is important that you understand that health and accident insurance policies are an arrangement between you and your insurance company. Our office will help you complete any of the necessary forms to ensure prompt reimbursement from your insurance company. However you are personally responsible for all cost incurred in our office.

Please fill out this form and return it to our office.

Insurance Company: _____

Patient's First Name: _____ Patient's Last Name: _____

Date of Birth: (yyyy-mm-dd) _____ Gender: M / F

Primary Coverage Information

First Name: _____ Last Name: _____

Relationship: _____ DOB: (yyyy-mm-dd) _____

CONTRACT/POLICY/GROUP NUMBER: _____ MEMBER ID#: _____

Secondary Coverage Available?: No Yes (please fill in required Information)

Relationship: _____ First Name: _____ Last Name: _____

DOB: (yyyy-mm-dd) _____ Insurance Company _____

CONTRACT/POLICY/GROUP NUMBER: _____ MEMBER ID#: _____

I _____ authorize payment be made directly to Northern Hills Chiropractic & Wellness Centre. I acknowledge any denied or outstanding claim will be my responsibility to claim.

_____ Date: _____

Does your policy cover?

Chiropractic **YES NO**

Massage Therapy **YES NO**

Acupuncture **YES NO**

What month do your benefits renew each year? _____

Referral required from your doctor for massage? **YES NO**

Maximum limit per year _____