

# SAN DIEGO CHIROPRACTIC & HEALING CENTER

Dr. Michael B. Ackerman  
1202 Morena Blvd., Suite 200  
San Diego, CA 92110  
(619) 687-7676

## Personal Injury Office Policy – Office Copy

### **Automobile Accidents**

If your automobile insurance policy includes a medical payment provision (med-pay), they will be the first source of payment for your care, regardless of fault. Chiropractic services are normally covered at 100% with no deductible. If you do not have medical payments in your automobile policy, we will bill your health insurance company. If payment is not made by either of the above sources, you will then be solely responsible for payment in full. Most patients will be required to make a small monthly payment which will be credited to your account and fully reimbursable by your insurance.

In the case of an automobile accident, we advise you to seek legal assistance immediately. Your attorney can help you recover the costs of your health care, property and other damages from the party who caused the accident.

In cases where a law suit is involved, our office may accept a signed lien from your attorney, guaranteeing your account will be paid in full at the time of settlement. If your case is accepted on a lien basis, you will be expected to make a small monthly payment to keep your account current. All payments made by you will be credited to your account at the time of settlement.

### **Non-Vehicular Accidents**

If you are involved in a non-vehicular personal injury case, we will bill the liability insurance carrier for you. If the liability carrier will not pay us directly, we will bill your personal health insurance company. If neither of the above sources are available, we ask that you pay for your treatment in full, and the liability carrier will later reimburse you directly.

### **FOR CHANGES OR CANCELLATIONS OF APPOINTMENTS:**

We offer extended in-depth care, scheduling full hour or half-hour sessions, as opposed to the usual 5-15 minute sessions booked in other offices. In kind consideration of this, **please notify the doctor at least 48 business hours in advance for cancellations or changes of appointments (i.e., please cancel by 9:00 a.m. Thursday, the week before, for a 9:00 a.m. Monday session).**

Failure to do so may result in a full charge for a missed appointment, or a partial charge for a re-scheduled appointment for the same day. Since missed appointment charges are not covered by auto, health, or liability insurance, they will be your sole responsibility. **Note: Please use only the office voice mail (619) 687-7676 for requesting changes or cancellations of appointments**--messages left at other numbers or via e-mail are not guaranteed to be received.

**BILLINGS:** To eliminate the need for additional secretarial staff and to keep costs lower for all patients, **Itemized billing statements of your account will be provided only upon your request.** Credit cards are billed twice monthly. Late payments may be charged a \$15.00 bookkeeping and billing fee. After 30 days past due, interest will accrue at 1.5% per month.

I agree to the office policy as stated:

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**If you have any questions** or concerns or problems at *any* time, please feel free to contact the doctor's voice mail service at **(619) 687-7676**. He will make every effort to return your call as soon as possible. For urgent needs or emergencies the doctor's cell phone number is **(858) 472-1857**.