

Boen Chiropractic, L.L.C.  
Christe M. Boen, D.C., C.C.S.P.  
115 Clarkson Executive Park  
Ellisville, MO 63011  
636-386-5900

## OFFICE POLICIES

To assist us in running our office as efficiently as possible, Boen Wellness wants you to be aware of the following office policies to help avoid any possible future misunderstandings:

### **INSURANCE PAYMENTS**

***If you are unsure of the chiropractic benefits available through your insurance plan, we encourage you to check with your insurance company before beginning treatment with us.***

As a courtesy to those patients who have in-network insurance, our office will prepare and file all the primary-coverage submissions. All charges are submitted daily. (Please understand that our office is simply responsible for filing insurance claims on your behalf. If there are any problems or delays in payment, you will be asked to contact your insurance company to clear up those issues.) Once your deductible is met, you will then be responsible for your percentage of payment or co-pay each visit.

**PLEASE NOTE: If your insurance company denies payment, you will be held responsible for any unpaid balances.**

### **CASH PATIENTS**

If your insurance company is out of network with us or you do not have insurance, we will consider you a cash patient and will apply appropriate cash discounts to your visits, depending on which treatments you receive. For cash patients, payment in full is expected at each visit. Boen Wellness accepts cash, checks, and credit/debit cards for payment.

### **LASER THERAPY, SUPPLEMENTS, AND SUPPLIES**

At this time, these items are ***not*** covered by insurance and must be paid for in full by all patients when the purchase is made.

### **APPOINTMENTS**

It is our goal to stay on schedule and try to minimize any wait time you might experience at our office. For that reason, we appreciate your promptness with scheduled appointments. We realize, however, that emergencies and/or delays occur at times. If you are running late for your appointment for some reason, please contact us as soon as possible so we can make appropriate adjustments on our end. If you need to cancel an appointment, please try to give us a 24-hour notice whenever possible so we can free up the appointment time on our schedule. If notice is not given for a cancelled appointment, you may be charged a missed visit fee of \$25.

**I have read and understand all the above policies.**

Patient Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_