Crawford Chiropractic

King Chiropractic, PC
John D. Crawford, D.C.

Location Address:
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Ringgold, GA 30736

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Mailing Address:
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Ft. Oglethorpe, GA 30742

Welcome to our office! We are happy you have chosen Crawford Chiropractic for your healthcare needs. Your heath is your greatest asset and therefore one of the best things you can invest in financially.

YOUR FIRST VISIT…

All services rendered during the first visit MUST be paid for at that time. Whether you have insurance coverage, Medicare coverage, or no coverage at all, you may pay by cash, check or credit card. If your insurance has not been verified by our office, you will be considered "cash" or "non-insurance" basis until coverage has been confirmed. If this results in an overpayment, we will credit your account or reimburse you when our office receives final payment from your insurance carrier.

MANAGED CARE POLICIES (PPO, HMO, etc.) AND MEDICAL INSURANCE…

If you have a managed care policy or medical insurance that Dr. Crawford is contracted with as a participating provider, you are responsible for all co-payments and non-covered services. Patients seeing the doctor for more than one visit per week are encouraged to make payment for all co-pays and non-covered services at the beginning of the week or per visit. This coverage is usually subject to the deductible and/or percentage co-pay (see below).

DEDUCTIBLE POLICIES…

We gladly accept insurance assignment if the insurance company, 1) Verifies the deductible has been met, 2) Provides details of the available coverage, and 3) Agrees to make payment directly to our office. It must be understood by you, the patient, insurance is an agreement between the patient and the insurance company. The agreement is not between the insurance company and Crawford Chiropractic, unless we are in contract with your insurance company. In every case, the patient or their guardian is ultimately responsible for all fees with the exception of contracted deductions, in which Crawford Chiropractic has agreed with your insurance company to take. In other words, if your insurance deductible has not been met, if your insurance company gives us the wrong information or if your insurance company just fails to pay for any reason, you are ultimately responsible.

TIME OF SERVICE PAYMENT (NON-INSURANCE)…

A "time of service" discount is given for patients who choose to pay in full at the time services are rendered when not using health insurance or for patients that file their own insurance.

MEDICARE…

Crawford Chiropractic does accept assignment with traditional Medicare; however, Medicare does NOT cover Exams, X-Rays or Therapies which you, the patient, will be responsible for. Medicare allows 12-20 visits per year but this is subject to change.

PAYMENT PLANS…

Minimum payment required for our payment plan is $40 per week or $160 per month. Payments must continue until the entire balance is paid in full (even if you are no longer under active care). **If you choose to participate in a payment plan, we will need to obtain a credit card number or blank check to keep on file (fill out the form below). These will only be used if you fail to make your regularly scheduled payment.**

PAST DUE ACCOUNTS…

Accounts are considered past due if no payment has been received within 30 days from last date of service. Accounts not paid within terms are subject to a 1.5% monthly finance charge. Delinquent accounts will be sent to a collection agency that reports to major credit bureaus after we have exhausted all attempts to collect the balance with all applicable fees added to the account balance.

AUTO ACCIDENT/WORKER'S COMPENSATION

We do accept auto accident/worker's compensation cases. We require you to fill out the Credit Card Authorization Form below or provide a blank check for these cases. This will only be used if your case is not paid for by insurance, employer, and/or attorney. We also require you to fill out a lien between us and you. You are ultimately responsible for your case and balance. If you choose to use an attorney, which we highly recommend, we will also have them sign this lien as well. This protects you and us in your case. **Worker's Compensation cases must be pre-approved through your employer before starting treatment.**

Please complete this section if you are unable to pay at time of services in full.

Please complete all fields. You may cancel this authorization as any time as long as there is no balance to your account by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Card Billing Zip Code: _____

I, _____ authorize Crawford Chiropractic (King Chiropractic Inc.) to charge my credit card above for agreed upon services. I understand that I will not be charged unless there has not been a payment made to my account monthly.

_____ _____

Signature Date

I have read, understand and agree to the above stated policies of Crawford Chiropractic (King Chiropractic, PC.)

Signature: _____ Date:_____