

**Wilkinson Clinic of Chiropractic**  
115 E Waverly St  
Morris, IL 60450  
P815-942-5350 F815-942-5414  
[www.drphilwilkinson.com](http://www.drphilwilkinson.com)

## **FINANCIAL POLICY**

**EXPLANATION OF INSURANCE COVERAGE:** By signing below you understand that although many insurance companies cover chiropractic care, that this office does not make any representations that your provider will cover the cost of your care. Insurance policies vary greatly and it is your responsibility to check with your provider prior to initiating the services of this clinic. This office will do our best to verify your insurance coverage and will bill your insurance company in a timely manner as a courtesy to you. It is the further agreement between the undersigned and Wilkinson Clinic of Chiropractic as follows:

1. All deductibles and unpaid balances is the responsibility of the patient.
2. It is the responsibility of the patient, and not Wilkinson Clinic of Chiropractic to obtain any referrals required by an insurance provider.
3. Unless agreed to in writing, all payments for treatment, deductibles, co-payments and insurance are due at the time of service.
4. Patient insurance is a contract between the patient and their insurance provider, not Wilkinson Clinic of Chiropractic or its employees.
5. Wilkinson Clinic of Chiropractic will make reasonable attempts to collect undersigned patient's insurance provider on behalf of the patient but any unpaid balance will be the responsibility of the undersigned.
6. In the event that patient stops care against the recommendations of Wilkinson Clinic of Chiropractic, any unpaid balance becomes due immediately upon termination of care.

**COLLECTION NOTICE:** The undersigned agrees to pay any and all collection costs incurred as a result of delinquent payment. A penalty of 50% of the unpaid balance will be assessed against undersigned in addition to any balance due and owing if full payment is not received within 90 days of notice of balance due.

**WAIVER:** That no assent, express or implied, by Wilkinson Clinic of Chiropractic, to any breach of any of the agreed upon terms, shall be deemed to be a waiver of any succeeding breach of the same covenant.

**DEFAULT:** In the event an account becomes more than 90 days past due this office reserves the right to pursue any legal remedies at law or in equity and the prevailing party shall be entitled to collect reasonable attorney's fees and costs from the losing party.

PATIENT PRINT NAME: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

GUARDIAN PRINT NAME: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_

DR PHILLIP H WILKINSON: \_\_\_\_\_

DATE: \_\_\_\_\_