



Warren R. Barclay, DC

**BARCLAY CHIROPRACTIC**

Ryan J. Barclay, DC

5 Dracut Rd.  
Hudson, NH 03051

**FINANCIAL POLICY**

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain visits, procedures, and diagnostic tests whether or not routine, and others pay a percentage of the charge. If we are a contracted provider with your Insurance, we will honor the contracted fee schedule. It is your responsibility to pay any deductible amount, co-insurance, copayment, or any balance not paid by your insurance at time service is rendered.

Please pay your portion at the conclusion of each visit. We accept Mastercard, Visa, Discover, Cash, and Checks. There will be a \$25 charge for any returned checks.

If this account is assigned to an attorney for collection, the prevailing party shall be entitled to reasonable attorney's fees and collection costs.

I understand that I am financially responsible for all charges inclusive of any diagnostic testing whether or not paid by my insurance.

I hereby authorize the release of all information necessary to my case to any insurance company to facilitate payment under this agreement. If applicable I assign benefits to be paid directly to the provider.

**NOTICE TO ALL PATIENTS WHO RECEIVE MASSAGE THERAPY**

Appointments scheduled with our massage therapist **must be cancelled no later than twelve (12) hours before** the scheduled appointment. There will be a **50% broken appointment charge** applied for any missed massage therapy appointments. This charge will be due immediately.

Late arrivals will be given a prorated session time, i.e. you arrive at 9:15 for a 9:00 one hour massage, you will receive a 45 minute massage. Late arrivals will be charged for the full session time.

We have set aside an allotted time for your massage. Please arrive five (5) minutes early so that you can experience the full benefit of your massage.

Thank you for your cooperation.

I have read and understand the above statement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Traditional Chiropractic with State of the Art Technology*

(603) 886-1133

Fax (603) 886-2829

www.barclay-chiropractic.com

