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Financial Policy

All medical charges are the responsibility of the patient or guardian. We offer, as a courtesy to our patients, filing of claims to their health insurance companies. We are network providers with some insurance companies, but not all. If you have questions regarding our network status with your insurance, we recommend that you contact your carrier by calling the customer service number on the back of your card.

Office Copay: **Know your policy!** You are responsible for any rejected claims, non-covered expenses, deductibles, coinsurance/copays, and medical claims that are over 90 days past due and no response from your insurance company. All deductibles, copays, and co-insurances are the responsibility of the patient and are due at time of service.

Worker's Compensation: Patients are required to supply us with the following information: Your claim number, date of injury, employer, contact phone number and billing address.

Billing: Each month, we send out billing statements to our patients that owe a balance on their accounts. **A late fee of \$10.00 will be assessed EVERY billing cycle for all past due balances.** When no payment or response has been forthcoming from the patient, the account will be turned over to a collection agency after 120 days. No further medical care will be scheduled until the account is paid in full.

AS OF JULY 1, 2022

Self-Pay Pricing: Those patients who choose not to use their insurance.

- The first visit will be \$70.00 (not including x- rays). **IF spinal x-rays need to be taken; it will be an additional \$55.**
- Each subsequent visit will be \$45.00.
- **NET and CRA:** These services are \$45.00 per 15 minutes
- **ALL treatment received outside of regular business hours will be subjected to an additional \$10.00 fee.**
- There will be a \$5.00 fee for all charges not paid **at the time of service.**

Cancellations and No Shows

Massage:

- **Due to limited scheduling, we require a 24-hour notice to cancel a massage.**
- **We will charge the FULL fee for the allotted time missed if not cancelled in advance.**

Physicians:

- **We require a 3-hour notice to cancel, there will be a \$45.00 charge for appointments not cancelled in advance.**
- **You MUST call the office to cancel ALL appointments; if we are not in, leave a message.**
- **We DO NOT accept emails or text for cancellations.**

Signature _____

Date _____