



OFFICE / FINANCIAL POLICIES

RUSSELL CHIROPRACTIC

DAVID A. RUSSELL, DC

JACOB C. OERTEL, DC

2740 Virginia Parkway, Suite 100

McKinney, Texas 75071

(972) 542-2277 / (972) 562-4433

Welcome to Russell Chiropractic. We are committed to providing you with the highest level of chiropractic care and believe we can better accomplish this if you understand our office policies.

1. Patients are seen in the clinic on Monday, Wednesday, Thursday and Friday from 8:30 am to 6:00 pm. The office is closed daily from 12:00 pm to 2:00 pm for lunch. The clinic is also open on Tuesday afternoons from 2:00 pm to 6:00 pm and Saturdays from 9:00 am to 1:00 pm. Patients are seen by appointment only.
2. We realize and understand that there are times when unexpected or extenuating circumstances occur and a scheduled appointment may not be kept. Please be aware that this office reserves the right to bill you \$40.00 for any massage appointment not canceled with 24 hours notice. If two (2) or more massage appointments are missed without 24 hours notice this office also reserves the right to deny the scheduling of any further massage appointments until all fees are paid in full. Additionally, a credit card number will then be required to reserve future massage appointments.
3. Payment is due at the time of your visit unless prior arrangements have been made. We accept cash, check, MasterCard, Visa and Discover.
4. Please understand that your insurance policy is an agreement between you and your insurance carrier. As a service to you we will file your insurance claim on your behalf providing you have assigned the benefits to Russell Chiropractic. This will allow your insurance company to pay us directly. If your insurance company does not respond to/pay a claim within 60 days you will be responsible for payment.
5. Not all insurance plans cover all services. In the event that your insurance carrier determines a service to be *not covered*, you will be responsible for the entire charge. Payment is due upon receipt of a statement from our office.
6. We accept the following:
 - Major medical insurance (network provider for most plans)
 - PIP (Personal Injury Protection) auto claims
 - We **do not** accept third party auto claims

Once again we welcome you to our practice and thank you for your understanding and cooperation. We look forward to a pleasant and healthy relationship.

Signature _____ Date ____/____/____

Print Name _____