CHIRO REHAB CENTER

220 Hamburg Turnpike Suite 14A • Wayne, NJ 07470 | T:(862) 336-1600 • F:(862) 336-1601

Payment Acknowledgment

I, ____, have been informed
(print name)
AKM Chiro-Rehab Center, LLC, is not participating with my health insurance carrier.

I understand that since AKM Chiro-Rehab Center, LLC is a non-participating provider that all treatment rendered will apply to my out of network benefits and that I may have additional out of pocket costs such as non-covered services, deductible and/or co-insurance responsibility.

I also understand that any payments from my insurance made out in my or my subscriber's name and/or sent to my address shall be promptly given to AKM Chiro-Rehab Center, LLC with the appropriate endorsements and a copy of the explanation of benefits (EOB).

I furthermore understand that any payments from the insurance company deposited by me into my personal bank account with no corresponding prompt payment made by me to AKM Chiro-Rehab Center, LLC can be considered theft of services, which could result in my account being referred to collections and possibly being held personally liable in a competent New Jersey court of law.

Lastly, I shall provide AKM Chiro-Rehab Center, LLC with any secondary insurance coverage to cover some if not all of the balance due. If no secondary insurance is provided I understand that I will be 100% liable for outstanding balances and agree to pay and/or negotiate the balance due.

____ ________________
(Patient/Parent/Guardian Signature) (Date)

____
(Witness)

Translated by: ____________________________________
(Employee Name)