



**Dr. Rumel M. Llantada, D.C., C.C.S.P**  
Certified Chiropractic Sports Physician  
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## **FINANCIAL AGREEMENT HEALTH INSURANCE**

We would like to take a moment to welcome you to our office and to assure you that you will be receiving the very best care available for your condition. To familiarize you with the financial policy of our office, I would like to explain how your medical bills will be handled.

### **EXPLANATION OF INSURANCE COVERAGE**

Most insurance covers Chiropractic and/or Acupuncture care, but this office makes no representation that you does. Insurance

policies can differ greatly in terms of deductible and percentage of coverage for Chiropractic and/or Acupuncture care. Because of the variance from one insurance policy to another, we require that you, the patient, be personally responsible for the payment of your deductibles, as well as any unpaid balance in this office. We will do best to verify your insurance coverage, and will bill your insurance company(ies) in a timely manner.

### **ASSIGNMENT OF BENEFITS**

Attached is an "Assignment of Benefits" form which we would like you to sign. This form instructs your insurance company to send their payments directly to this office. Please sign all copies of this form. If your insurance carrier sends you payment for services incurred in this office, you shall send or bring the full payment to our offices immediately upon receipt.

### **RELEASE OF INFORMATION**

If your insurance company requires medical reports to document your treatment and progress, your signature below authorizes the release of medical information necessary to process your claim.

### **VOLUNTARY TERMINATION OF CARE**

If you suspend or terminate your care at any time, your portion of all charges for professional services are immediately due and payable to this office. All services rendered by this office are charged directly to you, and you ultimately will be personally responsible for payment, regardless of your insurance coverage.

Once again, we would like to welcome you to our office. We hope that this has answered any questions you might have regarding your financial arrangements. If at any time you have any questions about your case, please don't hesitate to ask.

**I have read and agree to the above.**

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Patient's Signature

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Date