

CENTENNIAL CHIROPRACTIC

MICHAEL MORIBALDI, DC
4343 SHALLOWFORD ROAD #B6
MARIETTA, GA 30062
(770) 649-1730

Please let us know how you intend to pay for your health care: (check one)

_____ Check / Cash / Credit

_____ Health Insurance

_____ Auto Insurance

_____ Workman's Compensation

Insurance Assignment

Before Dr. Moribaldi can provide you with his services, it is important that all financial arrangements be clearly understood. Our agreement for your health care is with you alone. Your insurance company is not a part of this agreement.

Since policy benefits vary from company to company, and from policy to policy within each company, you are advised that you may or may not be fully compensated under the provisions of your own insurance policy. Please note the carrying of insurance by us is done as a courtesy to our patients.

If payment is not received from your insurance company within a reasonable amount of time, (45) days from date of filing, we must then turn to you for payment of your account total. Be assured that insurance will be filed promptly. While insurance claims are being processed, your co-insurance / co-payment is expected at time of visit.

Sincerely,

Dr. Michael Moribaldi, DC

I understand that all charges not covered by my insurance company, regardless of reason, are my full responsibility.

Patient Signature

Date

