

MCKINNEY FAMILY CHIROPRACTIC
700 6TH AVENUE
ST. ALBANS, WV 25177

ADVANCED BENEFICIARY NOTICE OF NON COVERAGE

THIS OFFICE WILL BILL YOUR INSURANCE AS A COURTESY TO YOU. WE WILL PROVIDE ALL CLINICAL INFORMATION NEEDED BY THE INSURANCE COMPANY. IT IS THE RESPONSIBILITY OF THE PATIENT TO ENSURE PAYMENT BY THE INSURANCE.

IF THE INSURANCE COMPANY DEEMS THE PATIENT'S TREATMENT NOT BE MEDICALLY NECESSARY OR IF THE PATIENT'S BENEFIT LIMITS ARE MET, THE PATIENT IS RESPONSIBLE FOR THE UNPAID CLAIMS.

IF THE INSURANCE COMPANY TAKES BACK MONEY THEY HAD PREVIOUSLY PAID, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF THE CHARGES.

I HAVE BEEN MADE AWARE AND UNDERSTAND THE ABOVE MENTIONED POLICY.

Patient Signature

Date

Witness

MCKINNEY FAMILY CHIROPRACTIC
700 6TH AVENUE
ST. ALBANS, WV 25177

**If you have a secondary insurance
OR you change insurance at any
time during your treatment at
McKinney Family Chiropractic YOU
must inform our front desk.**

**If not you will be responsible for
ALL monies owed**

Patient Signature

Date

MCKINNEY FAMILY CHIROPRACTIC
700 6TH AVENUE
ST. ALBANS, WV 25177

**If you have been or IF YOU ARE
GOING to Physical Therapy before
or during treatment at McKinney
Family Chiropractic YOU must
inform our front desk.**

**It may alter or effect your
insurance visits**

**If not you will be responsible for
ALL monies owed**

Patient Signature

Date

MCKINNEY FAMILY CHIROPRACTIC
700 6TH AVENUE
ST. ALBANS, WV 25177

**If you are here for a AUTO Case OR
Workers Comp Claim you must
inform the front desk BEFORE
being seen.**

**If not you will be responsible for
ALL monies owed. Your Personal
health insurance will NOT pay for
these claims.**

Patient Signature

Date