

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.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness