

# Dr. Steven P. Kraskow, D.C.

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## Financial Policy

### **Office Fees:**

- New Patient Evaluation / Doctor's Report / Initial Procedure \$ 160
- Extended Evaluation / Progress Report / Optional Procedures \$ 125
- Regular Evaluation / Progress Report / Continued Procedures \$ 70
- Extended Procedure Time may be billed on the scale of \$ 300 / hr
- On the first day of the month any unpaid balance over 60 days accrues interest at the rate of 1.5% per annum.

### **Insurance and Benefits Release:**

I hereby authorize Doctor Kraskow to furnish my insurance carrier, benefits agent, attorney and any physician, any and all information regarding my health and treatment during any course of care. This includes copies of medical examination findings, x-ray reports, progress notes and my financial account.

I also authorize payment of the allowed benefits of insurance coverage for all services and fees directly to Dr. Kraskow, otherwise payable directly to me.

I agree to pay at the time of service the estimated percentage of the charges not covered by my primary insurance benefits.

I agree to pay at the time of service for charges that extend beyond my primary insurance referral benefits.

I understand that a reasonable effort will be made to secure payment from my benefit plan or primary insurance carrier through normal claims processing.

I promise to pay any unpaid balance within the next 30 days following the insurance company's response to the final charge on my account.

A copy of this authorization shall be considered to have the same validity as the original.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date