

Dr. Leo J. McCormick  
Dr. Darryl W. Hajduczek  
Dr. Connor McCormick  
Dr. Shannan McCormick  
Dr. Skyler McCormick



## FINANCIAL POLICY

Definition: **LCM Mind Body** is the corporation that is doing business as **McCormick Chiropractic**.

I understand that I am **financially responsible** for the services and supplies provided to me by LCM Mind Body regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance (if applicable), **including any fees incurred should my claim be submitted to a collection agency or attorney.**

92 Kemp Road  
Pottstown, PA 19465  
Phone: 610•705•0201

83 W. Main Street  
Elverson, PA 19520  
Phone: 610•286•7000

1199 Lancaster Ave.  
Berwyn, PA 19312  
Phone: 484•320•7902

[www.mccormickchiro.com](http://www.mccormickchiro.com)

If I am using my health or personal injury insurance, I authorize the submission of a claim for payment, to Medicare, or any other payor for any services provided to me by LCM Mind Body now, in the past, or in the future.

I agree to immediately remit to LCM Mind Body any payments that I receive **directly** from insurance or *any source whatsoever* for the services provided to me and I assign all rights to such payments to LCM Mind Body.

I authorize LCM Mind Body to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to LCM Mind Body and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by LCM Mind Body, in the past, or in the future.

SIGNED \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_