



payment policy

The following is an explanation of our patient financial policies. We believe that a clear definition will allow us both to concentrate on the most important issue: regaining and maintaining your health. We will be happy to answer any questions you may have regarding our policies, your account or insurance coverage.

Full payment of patient obligation is due at the time services are rendered. We accept cash, personal checks, VISA, and MasterCard as forms of payment. As a courtesy, payment plans are available for you and your family. We understand the higher costs of healthcare these days, so we have a payment plan that will fit your budget. If your situation requires special consideration, please let us know. All insurance checks and payments will be assigned to our office. If you mistakenly receive an insurance check in your mail, please bring the check and all attached paperwork to our office so that we may properly credit your account.

PATIENTS WITHOUT INSURANCE We request that 100% of the first visit be paid at the time of the visit. We are happy to accept check, cash, Master Card, or Visa.

METHODS OF PAYMENT We accept payment by cash, check, VISA and MasterCard.

PATIENT STATEMENTS Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days.

NONPAYMENT If your account is past due, you will receive a letter from us stating you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. If this is to occur, you will not be able to be seen in the office until your balance is paid in full and all charges for future visits will be collected upfront.

RETURNED CHECKS There is a fee of \$25 for any checks returned by the bank.

GROUP OR INDIVIDUAL INSURANCE Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company to help you collect. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays.

If we are a participating provider for your insurance plan, all co-pays, deductibles and co-insurance amounts are due at the time of your treatment. In the event that you do not have insurance coverage, you will be 100% responsible for all incurred charges.

It is your responsibility to:

- **Know your benefit coverage, as well as your dependents, prior to receiving any services**
- **Know if we actively participate with your insurance carrier**
- **Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits**

MEDICARE We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are NONCOVERED. These services include, but are not limited to, x-rays, examinations, therapies, orthotics, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

SECONDARY INSURANCE Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

To summarize your financial responsibility, you are 100% responsible for:

- **Denied and Non-covered Services**
- **Services deemed “not medically necessary” by your insurance carrier**
- **Co-pays, Deductibles, and Co-insurance amounts**
- **Pended claims due to lack of patient and/or guarantor information**
- **Non-insurance and/or Out-of-Network Benefits**

If you fail to receive an Explanation of Benefits (EOB) from your plan within 45 days of treatment, we suggest you contact your insurance company to determine benefits, as they may not have made payment. Payment not received within 60 days may be updated from insurance responsibility to your responsibility, and you may be required to make other payment arrangements.

QUESTIONS AND ANSWERS

Your questions about any aspect of your care or account are invited. Please feel free to ask your doctor or any available staff member. We will make every effort to answer you inquiries. Thank you for your understanding of our Financial Policy.

I have read, understand and agree to this Financial Policy in its entirety.

X _____ Date: _____

Signature of Patient or Responsible Party

Printed Name of Patient or Responsible Party: _____

Office Initials: _____