

OFFICE FINANCIAL POLICY

Our first concern in this office is to provide you, the patient, with excellent chiropractic care. If you have Chiropractic Insurance, we are interested in you receiving maximum benefits. As an added service to you, our office will process your insurance claim for you.

However, please be advised:

1. Your Insurance Policy is a legal contract between you, your employer and the Insurance Company. We, as healthcare providers, are NOT a party to that contract.
2. We are not members of ANY HMO, PPO, or other provider networks. Therefore, any coverage you may have for services provided at this office will be deemed "Out-of-Network Coverage" by your Insurance Company.
3. Many Insurance Companies will tell you that your coverage will be percentage, e.g. 80%, of treatment charges, usually after a Yearly Deductible amount has been paid by you directly to us. What is often not specified by the Insurance Carriers are plan fee schedules, annual maximums they will pay, or other limitations which have a direct bearing on the benefits you will receive.
4. Any services not covered or coverage reductions by your insurance will be the patient's responsibility.
5. If we receive a returned check from your bank it is subject to a \$30 fee and will be added to your total bill.
6. If you are covered by Medicare, we will file your claim for you, but will not accept assignment.
7. The office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your Insurance Company, Adjustor, or Agent. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
8. Missed appointments are subject to a \$25 fee without a 12 hour notice.
9. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payment in full immediately; regardless of any claims submitted.
10. Once you have been discharged from active care and placed on Maintenance care, we will continue to file your insurance but require full payment per visit. If you are on Medicare, they may not cover subsequent visits after active care.
11. You remain ultimately responsible for all charges incurred in this office.

Payment for the Initial Consultation with our doctors is required at the time of your first visit to our office. All other payments, including deductibles and co-payments are due at the time that the services are performed.

This office may make payment plan arrangement on an individual basis. Any such plan or arrangement will be discussed during your report of findings. Any accounts 30 days past due will be assessed a monthly 1.5% interest rate, along with a \$5 rebilling fee.

For your convenience we accept cash, checks, MasterCard and Visa credit cards

All questions regarding insurance and other financial matters should be addressed to our receptionist prior to seeing the Doctor. We want you to be comfortable in dealing with these matters, and believe open communication will enhance the positive outcome we all desire.

I have read and understand the Office Financial Policy and agree to abide by these terms. I hereby agree to pay for all fees related to collections if my account is turned over to a collection agency, including court cost and attorney fees.

Patient signature _____ Date _____