

FINANCIAL POLICY

We respectfully ask that you read and understand our financial policies *as they apply to your particular situation*.

Patients Without Insurance: We will gladly discuss our discounted time of service pricing. We require payment when services are provided at each visit unless other arrangements have been pre-arranged and agreed upon.

Group or Individual Insurance: When possible, we will call to verify your insurance benefits; however, the coverage quoted to us by your insurance carrier is not a *guarantee* of payment. Your insurance coverage is an agreement between you and the insurance carrier, not between our clinic and the carrier.

- Co-pays are due at the time of service.
- Co-payments, deductibles and co-insurance are your responsibility per the terms of your insurance contract.
- The clinic is restricted to a “timely filing period” by insurance carriers. You must supply the clinic with your insurance card in a timely fashion, so the claim may be submitted and paid. Any unpaid claim due to insurance information not being supplied in a timely manner will be your responsibility to pay in full.

“On the Job” Injury (Worker’s Compensation): If you are injured on the job, inform your employer of the accident and obtain the name and address of the company’s insurance carrier. If your employer does not provide us with this information or if you suspend or terminate care, any fees for services rendered are your financial responsibility.

Personal Injury or Automobile Accidents: Please notify your auto insurance carrier of your visit to our office immediately. Also, notify our insurance specialist if an attorney is representing you. You are ultimately responsible for your bill. Once the claim is settled payment is due immediately. If you suspend or terminate care, any fees for services rendered are your responsibility. If payment isn’t complete in one lump sum, a monthly payment plan will be expected until the balance is paid in full.

Medicare: We do accept assignment from Medicare. Medicare ONLY covers manual manipulation (adjustment) 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%, as well as any non-covered services.

Medicaid or Forward Health: We do accept Forward Health. Co-pays may apply and are due at time of service.

Returned Checks: A \$30 charge will be added to the account balance to cover the financial institution’s returned check fee.

Collections: If an account is not paid within a reasonable time after numerous ignored billing statements, the account will be sent to collections. A charge of 35% will be added to the balance owed, in addition to attorney and/or small claims court fees.

Assignment of Benefits: I hereby authorize that any insurance benefits or reimbursement for services rendered which amounts would otherwise be payable to me under any insurance, pre-paid health care plan or Medicare be made directly to the clinic.

I understand that I am personally responsible for payment of any and all services rendered, covered or non-covered by insurance. I am also responsible for updating my health insurance information with the clinic any time the information changes, terminates, or new coverage begins.

Patient Name (print): _____ Date: _____

Patient or Guardian Signature: _____

Authorized Provider Representative: _____ Date: _____