

FINANCIAL POLICY

It is the patient's responsibility to ensure that we have complete, correct insurance and contact information when you check in for each visit. Make sure we have the information on file correctly the first time. Stay educated and up to date on changes made in your insurance benefits.

We have written this Financial Policy to make sure you understand our payment procedures.

1. Our office agrees to verify your insurance coverage to help you determine exactly what chiropractic and/or massage coverage is available to you under your policy and charges per our contact with your insurance carrier.
Verification of benefits does not guarantee payment.
2. It is the policy of our office to not file secondary insurance.
3. **Payment is due at the time of service. No exceptions.**
4. **Patients with insurance:** Deductibles and all co-payments are expected at the time of service. If you ask our office to bill you later concerning payment for your service, a billing fee of \$5.00 will be assessed. Discounts and other incentives we offer cannot be combined with insurance. We do offer to bill insurance carriers that we are not contracted with. ***Medicaid, Wellcare, and Tri-care patients, by signing this agreement you acknowledge that we will provide services to you but will not bill your insurance. You will be asked to pay as you are responsible for charges incurred with treatment rendered.***
5. **Patients with Medicare: see additional Medicare Coverage for Chiropractic Care agreement.**
6. **Patients with NO insurance:** We offer a discount program for patients with no insurance.
7. **Personal injury patients:** You are ultimately responsible for your bill. We will expect payment on account balance **90** days after discharge or immediately after a settlement has been reached. We will accept payment for the insurance company or lawyer handling your claim. **See additional policy requirements for accident cases.**
8. **Methods of Payment:** We accept cash, checks, money orders, and all major credit cards. We do not accept post-dated checks.
9. **Billing:** Our office agrees to bill your insurance on your behalf and collect any copays or coinsurance at time of service. Any remaining balance will be billed to you. If you receive a bill from us, it is because we believe the bill is your responsibility. (If you think there is a problem, please contact your insurance company.) We expect bills to be paid within 30 days. If you have questions about your bill, contact our billing office. If you cannot pay your entire bill, call to make payment arrangements.
10. **Collections:** Should you discontinue care for any reason, any and all balance will become due immediately and in full. Accounts that are not paid within 30 days begin our in-house collections process before being turned over to a service. We bill monthly for account balances.
11. **Dismissal:** We cannot continue to care for patients who choose not to pay their bills or habitually miss appointments. Being dismissed means that you can never schedule appointments or come in during walk-in hours at our practice. Please do not let this happen. Contact our billing office before this becomes a problem.
12. **HIPAA states that you have the right to agree to restrict our ability to bill your insurance carrier.** Signing below states that you have been informed of this right and agree to be bound by the policies outline in points 1-11 above.

Patient's signature (or legal guardian if minor)

Date

Print name of patient

Revised June 2019