

Chiropractic Life Center, PC

Financial Policy

We are committed to providing you the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your financial responsibilities.

Our office participates in several insurance plans. Each plan has its own set of rules and regulations. Our office participates in these programs to allow you (the patient) to reduce your health care cost in this office. Chiropractic care is covered under many insurance plans. Most of our patients that have health or accidental insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation.

Patients without insurance coverage

Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

Group or Individual Insurance

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. You the patient are ultimately responsible for your bill. Since we often are given misinformation it is our suggestion that you also confirm your chiropractic coverage.

By law we must collect your carriers designated deductibles, coinsurance, and co-pays at the time service. Please be prepared to pay at each visit. Non-covered therapies, services, x-rays= In the event that your policy does not cover the cost for therapeutic modalities (i.e. muscle stimulation, ultrasound, traction, hydrotherapy bed, ect.) or x-rays, you will be responsible for the cost of those services performed.

We will wait on payment from your insurance company for no more than 90 days. If reasonable attempts have been made to collect these monies and your insurance company has not paid, the bill will become your responsibility.

Referrals

If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have a referral, **YOU WILL BE RESPONSIBLE FOR ALL CHARGES UP TO THE DATE OF THE REFERRAL**. It is your responsibility to provide us with the referral as soon as possible.

“On the Job” Injury (Worker’s Compensation)

If you are injured on the job, your care should be paid for under employer’s Worker’s Compensation insurance. Your employer **MUST** authorize your care. You will need to inform your employer of the accident and obtain an authorization form. We will also need the name and address of the carrier of their insurance, as well as any claim number assigned to your case. If your employer does not provide us with this information, if a settlement had not been made within 3 months, or you suspend or terminate care, any fees and services are due immediately.

Personal Injury or Automobile Accidents

Please notify your auto insurance carrier of your visits to our office immediately. Notify our insurance department immediately if an attorney is representing you. Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to six months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

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Medicare

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services Medicare will cover, which for Chiropractors is ONLY the 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 remaining 20% as well as any non-covered services. Our office completes and files the forms for Medicare at no charge.

I have read and understand the payment policy of Chiropractic Life Center, PC. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Chiropractic Life Center, PC and my insurance company. I request that Chiropractic Life Center, PC prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance company does not respond within 90 days, or I suspend or terminate my schedule of care as prescribed by the doctors at Chiropractic Life Center, PC those fees will be due and payable immediately.

Patient's or Guardian's Signature

Date

Patient Name:

Patient D.O.B

Witness Signature

Date