



FINANCIAL POLICY

Our recommendations are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. Regardless of your coverage, we will suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.

PATIENTS WITHOUT INSURANCE

We request that 100% of the first visit be paid at the time of the visit. On other visits, payment may be made at the end of the week if arrangements are made with the staff. No exceptions will be made unless you sign a credit guarantee form, or if the doctor or office manager approves another arrangement. We are happy to accept your check, Master Card or Visa.

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

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, also known as an adjustment. 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 NON-COVERED. These services include, but are not limited to, x-rays, examinations, modalities (i.e. electrical stimulation or ultrasound), 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 will complete and file the forms for Medicare at no charge.

SECONDARY INSURANCE/ FLEX PLANS/MEDICAL SAVINGS ACCOUNTS

Please inform us of any secondary insurance or other plan you may have. We will file or assist you if you need help in filing, and/or provide you with a statement of your charges for reimbursement.

OTHER INSURANCE (e.g. Auto insurance, Property Insurance, etc.)

If your care is to be paid by an insurance company, other than health insurance, we will bill that insurance for your care as a courtesy to you. In order to do so, we require confirmation from the insurance company. This confirmation must include coverage information, including any limitations and billing specifications. Although you are ultimately responsible for your bill, we will wait for payment of your treatment for up to 3 (three) months after your care is completed.

INSURANCE FORMS/PAYMENT

If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of more information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible. Occasionally, either by mistake, or due to provisions in your policy, the check issued by the insurance company for payment of services rendered in our office, may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

I have read and understand the payment policy of Dr. 10's Chiropractic Center. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Dr. 10's Chiropractic Center and my insurance company. I request that Dr. 10's Chiropractic Center prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, if I suspend or terminate my schedule of care as prescribed by the doctors at Dr. 10's Chiropractic Center, or if my insurance coverage is suspended or terminated, that fees will be due and payable immediately.

Patient's signature (or guardian if patient is a minor)

Date

Witness

SPECIAL PAYMENT INSTRUCTIONS

Patient's Name: _____

1. We have verified your benefits and while your insurance company did not guarantee payment, they stated that you have a \$_____ deductible, \$_____ of which has been met. Additionally, your insurance will pay _____% of covered charges, leaving _____% of each visit due by you. You have a maximum benefit of _____ visits or \$_____ per benefit period.
2. We have verified your benefits and while your insurance company did not guarantee payment, they stated that you have a \$_____ deductible, \$_____ of which has been met. Additionally, your insurance will pay _____% of covered charges, leaving \$_____ co-pay of each visit due by you. You have a maximum benefit of _____ visits or \$_____ per benefit period.