



Financial Policy

Payment is expected at the time services are rendered. Our office accepts cash, check, and credit cards as methods of payments. As a courtesy to our patients, we will bill your health insurance for payments; however, co-payments and deductibles are expected at the time of service.

Once you have been examined and the doctor reviews your case, you will be presented with a recommended treatment plan and a financial worksheet explaining all charges. You will be given the opportunity to pay the patient balance in advance at a discounted rate. We will also set up a weekly or monthly payment plan, or you may choose to pay per visit.

Our goal for providing you with this information is to keep confusion to a minimum regarding financial situations. If you should have any further questions, please feel free to ask our front desk staff.

Insurance Policy Guidelines

The fees for insurance cases differ from that of a cash plan due to the extensive documentation, time and expense that is necessary when dealing with an insurance company. We offer a cash discount to those wanting to pay at the time of service. The fees are based on what is usual and customary for this area. You are ultimately responsible for any unpaid balance should your insurance company not remit payment for any reason. These procedures may include, but not limited to, examination, diagnostic testing, neuromuscular re-education, manual tractions, extra-spinal adjustment and therapeutic exercises. Because we itemize every procedure the charges can vary from \$25-\$200 per visit, depending on what services are received.

We know that there are a lot of charges that will not be paid, for various reasons, i.e., maximum dollar amounts per visit, procedures not covered by the insurance policy, ect. We expect to receive denials on some claims, because it is the nature of the insurance industry. However, we will bill for all services rendered (whether we get paid or not) in order to adequately and honestly communicate with your insurance company.

There are some policies that pay the insured (that is YOU) and not the provider (US). If that is your case, checks and all explanation of benefits (EOB's) must be presented to us within one week of receipt. We will need all EOB's even if a check was not included.

I have read and understand the financial and insurance policy guidelines.

X _____

(Patient and/or Guardian Signature)

Date: _____