

ChiropracticUSA

Financial Policy

Our primary concern is for your health. Below are the options available to address your financial needs. Please read the following. Select the choice most appropriate for you and sign where indicated.

To all our insured patients: As a courtesy to you, we will submit your billing to your insurance carrier for you. Insurance is an agreement between you and your insurance carrier. Should your insurance company misquote us or deny payment for any reason, the balance due is still your responsibility, unless otherwise noted in your specific insurance policy. In addition, any insurance changes that occur within your established care plan are also your responsibility.

Accounts over ninety (90) days outstanding will be acted upon for collection. Collection costs are added to your account. A late fee of one percent (1½ %) accrued per month is charged on overdue accounts.

I understand and agree to the above financial policy and will abide by the terms of the PAYMENT OPTION I have initialed below.

Signature: _____ Date: _____

Payment Options: Please initial your choice.

- _____ 1. **Cash/Check/Credit Card:** PAYMENT DUE IN FULL AT THE TIME OF SERVICE. No billing is generated for this option. This allows us to pass those savings on to you.
- _____ 2. **Health Insurance:** We recommend you call and verify your chiropractic benefits with your insurance company prior to your first visit. As a courtesy to you, we will also call to verify your coverage and discuss it with you on your second visit. CO-PAYMENTS DUE AT THE TIME OF SERVICE.
- _____ 3. **On the Job Injuries (L&I):** If you were injured on the job, we must verify your injury with your employer and file the appropriate forms. Please notify your employer so that they may file the necessary forms with your worker's compensation carrier. If the claim is disallowed or transfer of physician is not approved, industrial insurance does not cover any of the treatments you receive and the bill is your responsibility to pay.
- _____ 4. **Motor Vehicle Accident:** We bill your insurance company on your Personal Injury Protection (PIP). Notify your insurance company or agent that you are under care at this office. A medical lien is placed on the claim to protect your medical payment benefits. Patients without PIP use Payment Options #1 or #2 until the time of settlement or until the balance is paid in full.
- _____ 5. **Medicare:** Medicare will cover a portion of visits per year after your deductible has been met. We are happy to bill your co-insurance (secondary) for you. Medicare does not cover examinations, x-rays supplies, or maintenance visits. Services not covered by Medicare are due when rendered unless other arrangements have been made.

Authorization to Release Information: I hereby authorize Dr. Joseph R. Kelley to release any information requested by the insurance company to process a claim.

Signature: _____ Date: _____