

Grants Pass Chiropractic Clinic Financial Policy

Insurance

1. We bill your insurance as a courtesy and provide the required documentation that may go along with the billing to any insurance plans. However, we are not participating providers with every plan so it is your responsibility to note any coverage differences if we are in or out of network.
2. Although we make every attempt to verify your insurance and to accurately estimate any coverage you may have, you are ultimately the responsible party and when you start care, you agree to accept responsibility to pay for all services rendered and any balances on your account.
3. Although we make a good faith effort to verify the requirements for billing your insurance plan, it is ultimately your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if pre-authorization is required prior to a procedure, and what services are covered.
4. We do not submit to secondary insurance plans. If you have a secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you.
5. According to your insurance plan, you are responsible for any and all co-payments, deductible, and co-insurances. As such, we are obligated to collect those amounts. These amounts are due at the time of service.
6. Not all services provided by our office are covered by every insurance plan. Any service determined to not be covered by your plan will be your responsibility.

Medicare

We will submit all claims to Medicare for you and we do collect the full Medicare fee upfront at the time of service. Once your deductible has been met **You** will receive the reimbursement from Medicare. The **Only** chiropractic services Medicare reimburses for is manual manipulation of the spine. Medicare does not reimburse for non-covered services such as: chiropractic exams, therapies, exercises, or extra-spinal adjustments (knee, elbow, ribs, TMJ, ankle, etc.) We do not bill secondary insurance. Medicare will send processed claims to your secondary and you will receive the check.

No Insurance, no chiropractic coverage, or you have insurance we do not accept

If you have no insurance coverage in our office, payment for an office visit is to be paid at the time of the visit. We do not have special fees for patients with or without insurance, but have the same fee schedule for all of our patients. We do offer a "Time of Service" (TOS) discount for patients who pay in full at the time services are rendered. To be eligible to receive this discount, there must be:

- a. no outstanding balances on your account and
- b. you must pay the entire bill in full on the date that services are rendered. (This means that we do not balance bill you, send you a statement or accept installment payments.) and
- c. we will not complete any additional paperwork that may be required to process a claim or obtain reimbursement from your health insurance, flex plan or HSA.

If you have insurance and choose to utilize the time of service discount, you must pay the entire balance in full. This includes both your portion (co-pay, co-insurance, and/or deductible) as well as any anticipated insurance portion, if we are contracted providers with that plan. We are willing to print a superbill for insurance companies we do not bill for you to submit to your insurance.

Personal Injury/Automobile Accidents/Worker's Compensation

If you have been involved in a motor vehicle accident or injured on the job, it is important that you report the accident to your insurance agent/employer and request a claim # and appropriate billing information. We will submit your claims at no charge. Although you as a patient are ultimately responsible for the bill, we will

take assignment as long as you are under active care. Once the claim is settled, or if you suspend or terminate care, any fees for services are due immediately.

Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. We will send you a statement reminding you of this balance and your remittance is due within 10 business days of your receipt of your bill. We reserve the right to turn over any unpaid balances to a collection agency.

A \$25.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.

Fees for other services or procedures that you may need will be discussed at the time of service. Please be advised that our office is not set up to take x-rays. If x-rays need to be taken, the doctor will refer you to another location.

If you have financial concerns please do not hesitate to ask about making financial arrangements.

How will you be paying for your visit today, circle one: Check Cash Credit/Debit Card

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that become due as outline previously.

Patient Name _____

Responsible party's name

Relationship

Responsible party's signature

Date