

FINANCIAL POLICY

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. We ask that you read and understand our policy as it applies to your particular situation.

Billing

Any outstanding balances are billed on the 1st of the month and considered past due 15 days after the invoice date or when special arrangements are not met. Bills will be sent for all covered services (after deductible has been met) after hearing from your insurance company. For ***BCBS and Sanford Health Plan*** patients, billing is sent only after receiving an explanation of benefits on all covered services from your insurance company regardless if your deductible has met or not.

Cash Payment

Patients without insurance coverage may pay for care by cash or check. Payment for service is due at the time the services are rendered. A time of service discount of 10% is available on all chiropractic services. This discount does not apply to nutritional supplements, customized orthotics or supplies.

Blue Cross/Blue Shield and Sanford Health Plan

The doctor in this office is a provider for BCBS and Sanford Health Plan. We will call to verify benefits because each individual and group plan may have different benefits, coverage's and deductibles. Patients are responsible for all co-payments and non-covered services. Payment for non-covered services and co-payments will be collected at the time of service and can be paid for by cash or check.

Group or Individual Insurance

We gladly accept insurance assignments if the insurance company: 1) Verifies that the deductible has been met, 2) Provides details of the available coverage, 3) Agrees to make payments directly to our office. Our office will file the necessary claim forms at no charge. Payment will be due by you at the time of service for any non-covered services, deductibles or co-payments. The 10% discount will be applied for all chiropractic services (excluding nutritional supplements, customized orthotics and supplies.)

Medicare

The doctor in this office is a Medicare provider. We will submit all claims to Medicare and secondary plans for you. The ONLY chiropractic service that Medicare reimburses for is manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. If you have a supplement plan they will normally cover the other 20% of the allowable fee once the Medicare deductible had been met. You are responsible for payment in full for non-covered services at the time of service. This would include x-rays, examinations, therapies, nutritional supplements, and supports. If you do not have a supplement plan you are responsible for the 20% that Medicare does not reimburse as well as any non-covered services listed above at the time of service. The 10% discount will be applied for all services (excluding nutritional supplements, customized orthotics and supplies) when paid for at the time of service.

Personal Injury/Automobile Accident/Worker's Compensation

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

Special Arrangement

We have never denied anyone the benefits of chiropractic care because of their inability to pay our published fees. If financial hardship exists it requires an Individual Consideration Contact, please speak with the front desk staff.

PATIENT AGREEMENT

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

Patient's signature (or guardian if minor)

Date ____/____/____