

## 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 Big Creek Family Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company; NOT between Big Creek Family Chiropractic and my insurance company. I request that Big Creek Family Chiropractic 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, or if I suspend or terminate my schedule of care as prescribed by the doctors at Big Creek Family Chiropractic that fees will be due and payable immediately.*

As a service to you and to keep your account current, any balance not paid within a timely manner (ie: 60 days for Insurance Company balances, 30 days for Personal balances, and 6 months for Auto Insurance Assignment) will be automatically charged to your designated card below.

### CREDIT CARD GUARANTEE

Credit Card:  Visa  Mastercard

Cardholder Name: \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CV# \_\_\_\_\_

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

Patient's Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

## Big Creek Family Chiropractic 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'll suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.

# Health Insurance

## **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 you sign a credit guarantee form. We are happy to accept your check, Master Card or Visa.

## **CHIROPRACTIC LIFE/CARE OF AMERICA (CLA)**

You may join CLA if you do not have insurance or if your insurance coverage does not include chiropractic care. You pay CLA \$49.95 per year for your immediate family and you pay us ½ price for your initial visit and any x-rays, and \$30 for adjustments with no limit on the number of visits per year.

## **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 file insurance claims with your insurance company. It is to be understood and agreed that you are personally responsible for payment of any non-covered services, deductibles or co-pays. You may also pay the full amount due each day thereby qualifying for our Time of Service Reduction in fees. You may then submit the bill to your insurance carrier for reimbursement.

## **“ON THE JOB” INJURY (Worker’s Compensation)**

If you are injured on the job, your care should be paid for under your employer’s Worker’s Compensation insurance. You will need to inform your employer of the accident and obtain the name and address of the carrier of their insurance. If your employer does not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately.

## **PERSONAL INJURY OR AUTOMOBILE ACCIDENTS**

Please present your auto insurance card, your health insurance card, and tell us if you have retained an attorney. There are four options available to the PI patient:

1. Pay cash for your care and we will submit reports whenever necessary.
2. We will bill (accept assignment) from the Med Pay portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor’s Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.
4. We will bill your standard health insurance plan and you will be responsible for all co-pays and deductibles as they are incurred.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to six months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

## **MEDICARE**

We accept assignment from Medicare. Chiropractic benefits through Medicare include ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the \$131 deductible and the remaining 20%. All other services we provide are NON-COVERED. These other services include, but are not limited to, x-rays, examinations, therapies, 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 completes and files the forms for Medicare at no charge.

## **MEDICAID**

We accept assignment from Medicaid. Chiropractic benefits through Medicaid include ONLY manual manipulation of the spine and x-rays. You might be required to pay a nominal copayment at each visit. All other services we provide are NON-COVERED. These other services include, but are not limited to, examinations, therapies, orthotics, supports, and/or nutritional supplements. Medicaid patients are fully responsible for charges of non-covered services. Our office completes and files the forms for Medicaid at no charge.

## **SECONDARY INSURANCE**

Please inform us of any secondary insurance you may have.

## **MANAGED CARE PLANS**

We are preferred providers for the following companies: BCBS PPO products, Midlands Choice, Medicare, Medicaid, Coventry, United Health Care, Aetna, and First Health.

- You are required to pay a \$\_\_\_\_\_co-pay at the time of service.
- You are required to pay \_\_\_\_\_% co-insurance at the time of service. Your annual deductible is \$\_\_\_\_\_, of which \$\_\_\_\_\_ has been met per your insurance company.
- Benefits are available for up to \_\_\_\_\_visits per year.

## **FLEX PLANS/MEDICAL SAVINGS ACCOUNTS**

Please inform us if you have a medical savings account, sometimes known as a ‘flex plan’. We will be happy to provide you with a statement of your charges for reimbursement.

## **NON-SUFFICIENT FUNDS POLICY**

Checks returned due to non-sufficient funds will be charged a \$20 processing fee.

## **ACCOUNTS PAYABLE**

A finance charge of 1.5% per month (18% annually) will be charged on balances that are over 30 days past due. If an unpaid balance reaches \$200, no additional services will be performed until the un-paid balance falls below \$150 and an agreeable payment plan is set into place.