



## Financial Policy

Please read carefully and Felicijan Chiropractic Office will help you with any questions you may have. Felicijan Chiropractic Office strives to provide the highest quality health care, all the while maintaining affordability for you, the patient. Felicijan Chiropractic Office understands that even with insurance, most patients will experience at least some out-of-pocket expense. Please provide any primary, secondary insurance or union participation card at time of visit. Patient is responsible for giving any updated information regarding insurance changes.

### Participating Insurances

Felicijan Chiropractic Office will accept your insurance on assignment and participate as preferred providers for many insurance plans. As a **courtesy** Felicijan Chiropractic Office will file your claims for you and assist you in every way possible to ensure benefit recovery. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. **Felicijan Chiropractic Office will not enter into a dispute with your insurance company over policy limitations or issues.** This is your responsibility and obligation. All charges incurred are your responsibility. If you have a question or concern with your reimbursement, you will need to contact your employer or insurance company. Felicijan Chiropractic Office cannot be certain if your insurance covers chiropractic care, although most policies do provide coverage. The amount they pay varies from one policy to another. Felicijan Chiropractic Office will contact your insurance provider to verify your policy benefits; however, the benefits quoted to Felicijan Chiropractic Office by your insurance company are not a guarantee of payment. It is Felicijan Chiropractic Office policy that any services rendered are charged to you directly and you are responsible for payment in full at the time-of-service for any non-covered services, deductibles or co-pays.

### Non Participating Insurances

Felicijan Chiropractic Office is **not a participating provider** with your current insurance company; therefore, payment may be requested at time of service. As a **courtesy** Felicijan Chiropractic Office will file your claims for you and assist you in every way possible to ensure benefit recovery. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. **Felicijan Chiropractic Office will not enter into a dispute with your insurance company over policy limitations or issues.** This is your responsibility and obligation. All charges incurred are your responsibility. If you have a question or concern with your reimbursement, you will need to contact your employer or insurance company. Felicijan Chiropractic Office cannot be certain if your insurance covers chiropractic care, although most policies do provide coverage. The amount they pay varies from one policy to another. Felicijan Chiropractic Office will contact your insurance provider to verify your policy benefits; however, the benefits quoted to Felicijan Chiropractic Office by your insurance company are not a guarantee of payment. It is Felicijan Chiropractic Office policy that any services rendered are charged to you directly and you are responsible for payment of any non-covered services, deductibles or co-pays at time of service in full.

### Work Compensation/Auto Accident

You will be responsible for bringing in insurance information regarding your WC/Auto accident. Present all forms (employer/medical/accident report) and adjustor's information that pertain to the incident. You are responsible for informing your employer/insurance ahead of time. Most payments will come directly to Felicijan Chiropractic Office but if not, you will be responsible for full payment at time of service. An Attorney Lien will be signed on the start of your care in auto accidents. If a third-party insurance is involved, you will pay services on the same day as care. All Doctor's notes will be submitted along with billing. Whatever expenses that are not paid by the insurance will be your responsibility. If you wish to submit rendered services to your personal health insurance after Felicijan Chiropractic Office has billed the initial auto insurance, Felicijan Chiropractic Office will be more than happy to supply information needed to bill yourself. Benefit coverage is not guaranteed therefore if we do not receive payment after claims have been billed, the rendered balance is your responsibility. Felicijan Chiropractic Office will consider sending claims to collections if not resolved within a 90-day period after all avenues exceeded.

## Patients without Insurance

Felicijan Chiropractic Office request that **100%** of the services (examination, x-ray, etc...) be paid at the time of the visit, unless other arrangements have been made. To qualify for our Time-of-Service Reduction in fees you must pay on the day the service was performed. Felicijan Chiropractic Office is happy to accept cash, check, and credit card. No insurance will be billed.

## Medicare

Felicijan Chiropractic Office **does not** accept assignment from Medicare. Reimbursement is sent to you directly in payment for chiropractic services that Medicare will cover and you are expected to pay at time of service. Medicare will ONLY cover manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining fees for services which Medicare does not reimburse. These non-covered 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.

## Supplemental/Union Insurance

Please inform Felicijan Chiropractic Office of any secondary insurance you may have. Felicijan Chiropractic Office will file and collect from your secondary insurance for services covered by the secondary payer. Some secondary insurance will send payment to patient in which you will be responsible for paying charges at time of service.

## Office Policy

### **Please read the following regarding assignments:**

At the beginning of your treatment in Felicijan Chiropractic Office will verify your policy benefits. However, internet, phone or fax verification of coverage is never a guarantee of payment.

1. Returned checks and balances over 90 days may be subject to additional fees and an interest charge of **18%** per month and a \$1 statement fee. Charges may also be made for missed appointments and those canceled without 24 hours' notice.
2. Your insurance will be filed as a courtesy to you. Felicijan Chiropractic Office files insurance claims on a weekly basis. Patient is responsible for giving any updated information regarding insurance changes.
3. You will be responsible for your full deductible and co-payment or coinsurance. Payment is due when services are rendered. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we/you are of aware of the denial.
4. If you pay the full amount for services rendered each visit, you may qualify for our Time of Service (TOS) discount. You may then submit the bill to your insurance company for reimbursement.
5. **If your insurance company has not paid a claim within sixty (60) days of submission, you agree to take an active part in the resolution of your claim. If your insurance company has not paid within ninety (90) days of submission, you are responsible for payment of any outstanding balance.**
6. Our fees are considered usual and customary by most insurance companies, and therefore are covered up to the maximum allowance determined by each insurance company. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area.

I \_\_\_\_\_ understand and agree with the statement above and acknowledge my responsibility.

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_