

OFFICE FINANCIAL POLICY

All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.

CASH

- ◆ This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed after your report of findings. This office offers additional financing options through CARE CREDIT. It is a medical credit card that can be used at many other healthcare providers. Additional information for CARE CREDIT is available upon request. It is subject to credit approval.
- ◆ We accept cash, check, Mastercard, and Visa.

INSURANCE

If you have insurance, we will gladly accept assignment with the following exceptions and regulations provided we have prior certification from your insurance company.

- ◆ We accept assignment for the initial treatment plan only. Any follow-up visits will be payable when services are rendered. Once you have been discharged from active care and placed on maintenance care, we will continue to file your insurance (if your insurance covers maintenance) but require full payment per visit.
- ◆ **We accept assignment as a courtesy to you; the contract is between you and your insurance company. Consequently, you are responsible for your entire bill should your insurance company not pay.** We are not a mediator between you and your insurance company and will not enter into any dispute with same as your contract is between you and your insurance company.
- ◆ If you should receive a check from your insurance company during our billing, you must bring it into the office upon receipt. If any overpayment exists after all insurance billing has been done, we will issue you an overpayment check—it will not come from your insurance company. All insurance payments, regardless of which company issues a check, first, are applied to your account as long as any balance is due.
- ◆ Any services or supplies not covered by your insurance will be your responsibility.
- ◆ **We will file your primary and secondary insurance only. This office will resubmit a claim ONE TIME.** We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.

If you are referred to another specialist or discontinue care for any reason other than discharge by the doctor, the bill is due and payable in full immediately; regardless of any claims submitted.

Our primary concern is your health, and we do not want your account to become such a burden that there is added stress. We invite you to ask any questions you might have regarding charges in this office, prior to seeing the doctor.

Patient or Guardian Signature

Date

OFFICE FEE SCHEDULE

The following is a partial list of services and their respective charges:

Complete neurological, orthopedic, and spinal examination	\$60.00 to \$285.00
X-rays: 10 x 12 (set)	\$70.00
14 x 17 (set)	\$80.00
Office visit/spinal manipulation	\$40.00 to \$55.00
Spinal manipulation – Medicare	\$24.46 to \$44.43
Physical Therapy: Ultrasound and/or muscle stim	\$20.00 each
Cervical intersegmental traction	\$25.00
Intersegmental traction	\$25.00
Myofascial release	\$50.00
Erchonia cold laser therapy	\$30.00
Vitamins and supports	as marked

You will receive a copy of your charges at the end of each visit.