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Office Financial Policy

Please read and check the paragraph indicative of your current insurance policy. If you agree to the terms, please sign and date below.

- _____ **Blue Choice/Blue Point 2** There is no deductible and no primary care physician referral needed. Your co-pay is due at the time of service. All patients will receive “insured” care as long as symptoms are acute. Blue Choice is obligated to cover only those visits/services which are considered to be medically necessary, for a neuromusculoskeletal condition. Blue Choice does not cover the maintenance or well care fees to patient for maintenance care will be usual and customary.
- _____ **MVP/MVP Gold (Out of Network Only)** MVP covers acute care only, and does not cover maintenance care. Patient payment is based on percentage allotted by insurance company only after deductible has been met.
- _____ **Blue Cross/Blue Shield** No primary care physician referral needed. Usual and customary fees are due at the time of service and patients are responsible for submitting a receipt for reimbursement.
- _____ **Excellus PPO/EPO** No primary care physician referral needed. Once you have met your deductible, a percentage of the office fee will be due each visit depending on your contract.
- _____ **Excellus Medicare Advantage** Primary care physician referral is required and your co-payment is required at time of service. All patients will receive “covered” care as long as symptoms are acute. Blue Choice does not cover chronic/maintenance care. Fees to patient for maintenance care will be usual and customary.
- _____ **Aetna** Primary referral may or may not be required for your policy. Your medical doctor will set the number of allowed office visits, unless otherwise indicated within your contract. Should your carrier fail to acknowledge our request for further treatment that we may deem necessary, you will be responsible for usual and customary fees. The patient is responsible for knowing how many visits each referral has allowed.
- _____ **Via Health** There is no deductible and no primary care physician referral needed. Your co-pay is due at the time of service. All patients will receive “covered” care as long as symptoms are acute. ViaHealth does not cover chronic/maintenance care. Fees to patient for maintenance care will be usual and customary.
- _____ **Medicare** Medicare covers spinal manipulation only. No primary care physician referral is necessary. Patient is responsible for office fees. Office will submit a bill to Medicare and patient will be reimbursed.
- _____ **Standard Fees Without Insurance**
Initial visit fee: \$123 (history, exam, and adjustment), Each subsequent visit: \$50
Pediatric/senior/family/student initial visit: \$93 (history, exam, and adjustment), Subsequent visits: \$40

*Payment is required at time of service. There is a \$5.00 late charge for any unpaid fees.
There is a \$20.00 fee for appointments that are not cancelled within 24 hours.*

Patient/Legal Guardian Signature _____ Date _____