



Payment Policy

Our first concern in this office is to provide you, the patient, with excellent chiropractic care.

If you have Chiropractic Insurance, we are interested in you receiving maximum benefits. As an added service to you, our office will process your insurance claim for you.

However, please be advised:

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured in a plan we participate with, payment is expected in full at each visit. If you are insured with a plan that we participate with, but do not have an up to date insurance card, payment in full for each visit is required until we can verify your coverage.
 - a. **Referrals:** If your insurance requires a referral for a specialist; it is your responsibility to provide us with the referral dated the day of your first visit from your primary care physician (PCP). We are not able to request a referral from your PCP or insurance on your behalf. If you do not have the referral at the time of your visit, your appointment will be rescheduled until we have the referral in our office. The referral must be in our office within 24 hours of your next appointment.
 - b. **Knowing your insurance benefits is your responsibility:** If you are unsure if you require a referral, or have any questions concerning your insurance, we suggest you contact your insurance company.
 - c. **Co-payments and Deductibles:** All co-payments and deductibles must be paid in full at the time of the service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. **All bounced checks are subject to a \$25.00 returned check fee.**

2. **Coverage Changes.** If your insurance coverage changes, please notify us within 24 hours of your next scheduled appointment so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company denies your claim due to non coverage, or does not pay your claim within 60 days, the balance will be automatically billed to you.

3. **Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request. Most health insurances do not cover maintenance care, supportive care, and/ or elective care. If any medical claims are denied due to medical necessity, you are responsible for the payment in full. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim. Your insurance benefits are a contract between you and your insurance company; we are not party to that contract.

4. **Many insurance companies will tell you that your coverage will be a percentage, e.g. 80% of treatment charges, usually after a yearly deductible amount has been paid by you directly to us.** What is often not specified by the Insurance Carriers are plan fee schedules, annual maximums they will not pay, or other limitations which have a direct benefit on the benefits you will receive.

5. **Missed Appointments:** Patients will be charged \$40.00 for missed appointments not cancelled 24 hours in advance. The charges will be your responsibility and billed directly to you.

6. If you have no Chiropractic Insurance coverage, all fees are due at the time services are rendered.

7. **You are ultimately responsible for all charges incurred in this office, including, but not limited to, interest accrued, collection fees, court costs, and reasonable attorney fees to collect unpaid accounts. Most health insurances do not cover maintenance care, supportive care, and/ or elective care. If any medical claims are denied due to medical necessity, you are responsible for the payment in full.**

For your convenience we accept cash, checks, MasterCard, Visa, and Discover credit cards.

Our practice is committed to providing the best treatment to our patients. Thank you for your understanding our payment policy. Please do not hesitate to contact our business manager with any questions or concerns.

I have read and understand the payment policy of Pape Chiropractic & Wellness Center, LLC and agree to abide by its policies and guidelines.

Signature of Responsible Party

Date