

Financial Policy Disclosure & Agreement

Thank you for choosing **Anderson Family Chiropractic** for your chiropractic care. We are committed to building a successful doctor-patient relationship, and the success of your medical treatment and care. Your understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Practice Manager.

Insurance:

- We accept most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan.
- Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. We will bill your insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information. We can only bill the insurance that you provide us with. If the incorrect insurance provider is billed due to patient error, we will not resubmit claims.
- Our office does not have a way to check your insurance benefits before your visit. If you have not met your deductible and choose to use your insurance for today's visit, your patient responsibility may be more than the self-pay price. Once insurance is billed, we are not able to go back to our self-pay prices.
- There is no guarantee of coverage or what type of benefits you will receive. Although we are providers for many insurance companies, & chiropractic is typically a covered service, we cannot guarantee payment or coverage. In the event your health insurance plan does not provide payment in full for the service(s) rendered, you will be billed and held financially responsible for any remaining amount due. It is your responsibility to be aware of your health insurance plan coverage, policy provisions, exclusions, limitations as well as prior authorization requirements. Please contact your health insurance plan directly for this information.
- You are responsible for responding to any request from your health insurance plan for further information. Failing to respond to such a request in a timely manner may result in your claim being denied and you will be responsible for payment.
- We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.
- Insurance processing takes 4 – 6 weeks and statements are mailed at the end of each month.

Payments:

- All copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with our Practice Manager.
- We accept payment by cash, check, all major credit card companies, & health plan payment accounts (FSA's & HSA's).

Continued on back

- We do have the ability to keep a card on file for automatic payments which are run the first Monday of every month.
- It is our office policy that all accounts with pending balances be sent three statements, each one month apart. If a fourth statement is mailed it will serve as a FINAL NOTICE before the account is turned over to collections. Accounts with unpaid balances after 30 days of the fourth & final notice statement will be sent to an external collection agency for collection. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs.
- Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient.
- Once a patient's account has been turned over to collections, we will no longer bill any insurance and full payment will be due at time of service before being seen (including any outstanding balances & costs for that day's visit).
- Returned checks, credit card chargebacks, or returned payments will attract a minimum \$35 penalty in addition to the balance owed
- Some patients may accrue large balances for services provided. At the sole discretion of the practice leadership, we will work with you to set up a mutually feasible payment plan.

Parent/Legal Guardian of Minor Children:

- A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.
- It will be that parent's responsibility to get reimbursed from any other responsible parties. Any issues regarding financial responsibility should be addressed through family court services.

Cancellations/No Show Policy:

- While we currently do not charge for late cancellations or no shows, we reserve the right to amend this policy at any time.

Patient or Authorized Representative Signature: _____

Date: _____