

Patient # _____(office use only)

Higley Family Chiropractic General Office/Financial Policy

Evaluations

Our practice requires an evaluation for each patient prior to a procedure being performed. New patients, patients with a new condition relating to a form of trauma (a fall, accident or other type of occurrence), and patients returning to chiropractic care after an absence of 90 days or more can expect an evaluation of their condition. Fees for evaluations will vary depending on the type and length of the evaluation being performed.

Self Pay Patients

Payment for services rendered is expected at the time of your visit to our office. After your first visit to our office, we will gladly assist you in scheduling a payment plan.

Insured Patients

It is the patient's responsibility to be fully aware of all provisions of his/her insurance policy. If your insurance company does not pay your claim within sixty (60) days, the balance remaining on your account becomes your responsibility.

We participate with many insurance companies and, as a courtesy to our patients, will verify your benefits and process your claim for reimbursement. We will process your claim regardless of whether we participate with your insurance carrier or not. We request your insurance information at the time of your visit so that we can obtain a breakdown of benefits from your carrier(s). Any information given by your insurance company is **strictly an estimate of benefits. Your insurance company will not guarantee any payment amount until a claim has been filed. We cannot be held responsible for incorrect information given by your insurance carrier.** The CoPayment, CoInsurance, and/or deductible payment requested at the time of service is derived from information given by your insurance carrier.

Delinquent Accounts

Our practice reserves the right to charge interest of 1.5% per month (18% per annually) on any amount 30 days past due. Any collections, court costs or attorney's fees will be charged to the patient's account if collection procedures are required to satisfy an amount owed to this office.

Personal Injury (PI)/Worker's Compensation (WC) Claims

If you have a personal injury claim, we require the name and contact information of your attorney and all insurance agents/agencies involved with your claim. Charges may vary for PI cases due to more extenuating circumstances. Upon completion of and closing your PI case in our office, interest will be added at a monthly rate of 1.5% (18% annually) to any amount 30 days past due.

If you have a worker's compensation claim, we require the name of the case manager handling your WC claim and benefits. Your WC claim and benefits will be verified with the case manager handling your claim. **Only verified WC claims will be processed and billed to the company which handles your WC claim. If at any time your WC benefits do not pay for services rendered, the patient will be billed for the full amount and payment will be due immediately.** You, the patient, can dispute your case with the carrier for your WC claim. Interest will be added at a monthly rate of 1.5% (18% annually) to any amount 30 days past due.

Medicare Patients

This practice does participate with Medicare. As a courtesy to our Medicare patients, we will file your Medicare claims for you. Medicare will cover the **spinal manipulation only**. Medicare does not cover exams, X-rays, or physical therapies. **Our practice will offer these services to Medicare patients at a reduced fee to best serve our Medicare patients.**

We will gladly verify benefits for Medicare patients carrying secondary, supplemental, or Medicare replacement policies. It is the patient's responsibility to be fully aware of all provisions of his/her insurance policy that comes behind the Medicare coverage. If your insurance company does not pay your claim within sixty (60) days, the balance remaining on your account becomes your responsibility.

We are unable to file Medicare claims that are **secondary** to a major medical insurance policy. All CoPay/Deductible/ Coinsurance payments for the Primary major medical policy are due at the time of the visit and the **patient** can file a Medicare Secondary Claim for reimbursement of those patient responsible fees for the primary major medical policy.

By signing this I acknowledge that I have read and understood the office and financial policies of Higley Family Chiropractic.....

Patient Name (please print)_____

Signature _____ **Date** _____