

ACTIVE BODY CHIROPRACTIC FINANCIAL POLICY

Dr. Sarah and the team at Active Body Chiropractic provide you with the best healthcare possible with the goal of you reaching your optimal health and function. For this reason, we will always recommend everything you need for the benefit of your condition and will not make recommendations based only on what your insurance will cover. The decision to proceed is always up to you, the patient, since your healthcare choices are a personal decision. With that in mind, this notice will help you understand what is covered and what may be your responsibility. We are happy to include you among our practice family. Please let us know about any questions you have related to your treatment at Active Body Chiropractic.

PATIENTS WITHOUT INSURANCE

We request payment in full be made at the time the service is provided. We do offer a 15% Time of Service Discount for payment that is done at the time the service is rendered (not billed out or paid at next visit). We will be happy to accept Care Credit, Check, Cash, Master Card, Visa, Discover Card, or American Express for your payment. We currently offer a Time of Service Discount for Children under 18 years of age of \$25 for the adjustment and \$25 for the exams (This is a cash option with no insurance filed).

GROUP, INDIVIDUAL, AND MANAGED CARE INSURANCE

Your insurance is an agreement between **you and your insurance company, not between your insurance company and our office.** We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. When possible, we will verify your insurance benefits; however, the benefits quoted to us by your insurance company are **not a guarantee of payment.** Ultimately, it is YOUR RESPONSIBILITY to know and understand your insurance benefits including deductibles, prior authorizations, and copays. **It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles, or copays.** We gladly accept all major credit cards to help in your payment of amount due. (Insurance of **all types** will not cover "maintenance/wellness" care. If it is determined by Dr. Sarah that your visit would fall under this category, she will inform you of this and you will be offered the Time of Service Discount with no insurance claim filed.). If your insurance plan is an HMO, you may require a referral from your Primary Care Physician to seek care at our office. It will be YOUR RESPONSIBILITY to understand your policy and to contact your doctor to obtain this authorization.

MEDICARE

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is **ONLY manual manipulation of the spine when medical necessity of acute care is established according to Medicare rules.** Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. **All other services we provide are NON-COVERED due to being delivered by a Chiropractor. These services include, but are not limited to, x-rays, examinations, therapies, orthotics, supports, and/or nutritional supplements.** Medicare patients are fully responsible for charges of non-covered services. (Medicare, does require us to perform an exam at the initial visit, any time a new injury has occurred, or within a reasonable time frame based on the treatment plan.) Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge. Any services that are not covered by Medicare will qualify for the Time of Service Discount if paid at the time the service is rendered, not after the service is filed and rejected by Medicare. These guidelines also include any Medicare replacement plans such as Community Care Senior.

SECONDARY INSURANCE

Please inform us of any secondary insurance you may have.

FLEX PLANS/MEDICAL SAVINGS ACCOUNTS

Please inform us if you have a medical savings account, sometimes known as a 'flex plan'. We will be happy to provide you with a statement of your charges for reimbursement.

WORKER'S COMPENSATION, PERSONAL INJURY, AUTOMOBILE ACCIDENTS

We are currently not accepting new patients in this area. If you are an existing practice member, we will be more than happy to assist you with treatment for injuries because of any of these circumstances.

WELLNESS CARE

Once your body has fully healed from an injury, continuation of chiropractic care can help ensure the problem does not return or if it does, it returns at a less severe level. Wellness care helps your body to continue functioning at its optimal level. Dr. Sarah highly recommends wellness care to all her patients. However, all insurance companies DO NOT cover wellness care. If you schedule monthly visits, bimonthly visits, come in to "just get checked," or do not have any complaints at your visit, then Dr. Sarah will advise you that you will be seen under a wellness care visit and will be charged appropriately. You will be given the Time of Service Discount for cash payment upon check out and insurance WILL NOT be filed.

MISSED APPOINTMENT POLICY

If you know you will have to miss your appointment, we kindly ask that you contact us (preferably 24 hours in advance or as soon as possible). We do understand that life circumstances do come about, and we will try to work with you on missed appointments. However, because time is valuable and we want to help as many people as possible, we have had to implement the following policy regarding missed appointments. These charges will be your responsibility and WILL NOT be charged to insurance.

- 1) First missed appointment without notice given to our office, NO CHARGE, call will be made to you.
- 2) Second missed appointment without notice given to our office, \$35.00 CHARGE
- 3) Third missed appointment and those following without notice given to our office, CHARGED PRICE OF THE VISIT
- 4) New Patient no show for the first time without notice, \$50.00 charge
- 5) New Patient no show for the second time without notice, not allowed to reschedule

OTHER FINANCIAL GUIDELINES

- 1) There is a fee of \$25.00 for Dr. Sarah to look over any films brought into the clinic that will be used to assist in your care.
- 2) There is a \$65.00 fee for any films that need to be sent out to a radiologist for a more advanced read. There is an \$85.00 charge for MRI films sent to Chiropractic radiologist for a more advanced read.
- 3) We accept all major credit cards, check, and cash for payment. We also handle Care Credit. We will gladly set you up on automatic monthly billing to your credit care for any balance as a cash patient or any unpaid balance from your insurance.
- 4) There will be a \$35.00 return check fee. Any returned checks not addressed by the patient in a timely manner can and will be turned over to the DA's office.
- 5) A \$35.00 charge will automatically be added to any accounts that remains over due after the first 90 days (3 statement cycles) unless arrangements are made. These accounts will then be turned over to our collection agency for further action.
- 6) There is a \$30.00 fee for any specific Doctor letters, form filing such as disability claims long and short term, etc. \$40.00 fee for Physician's Liens filed.

I have read and understand the financial policy of Active Body Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Active Body Chiropractic and my insurance company. I request that Active Body Chiropractic prepare the customary forms so that I may obtain insurance benefits. I also understand that if my insurance does not respond or if I suspend or terminate my schedule of care as prescribed by Dr. Sarah Arnold at Active Body Chiropractic that fees will be due and payable immediately. If I do not have insurance coverage, I understand I am fully responsible for all charges during my care and that payment is due at time of service unless other arrangements are made with

the front office. I further understand not all charges are covered by insurance and that I will be responsible for any charges my insurance does not cover.

Patient's signature (or guardian)

Date

Time