David A. Czerminski, D.C. Financial Policy Glen Rock Chiropractic Center

We feel strongly that our patients deserve the best possible care we can provide. In an effort to provide and maintain that high quality of care, we would like to share some information with you about financing your chiropractic care. We hope that by providing you the following information we can prevent misunderstandings and that you will be comfortable discussing financial and insurance matters with us. We urge you to consult us if you have any questions regarding our fees and/or services.

Payment is due at the time of service

- At your first visit, we ask that you make payment in full for that visit. **If you have health insurance, we ask that you pay that portion, which your insurance does not cover.**
- After your first visit, we ask that you make payment in full unless other arrangements have been made. If you have health insurance, we ask that you pay that portion to which insurance does not apply.
- **Cash, Personal Checks, and most Major Credit Cards** may be used for payment of your account. **There is a service charge of $30.00 for any returned checks.**
- Outstanding account balances are due in full within 30 days of service unless other arrangements have been made. A finance charge of **1.5% (18% per year)** will be assessed to balances over 90 days past due. We encourage you to check with your insurance company if they have not made payment within 45 days of your treatment date.

Insurance

Many patients are under the impression that if they have insurance coverage, it is the insurance company who owes the provider for services rendered. The insurance contract is **between the patient and the insurance company**. Therefore, the patient is responsible for all account balances regardless of his/her insurance benefits.

We bill insurance companies as a courtesy to you. You are expected to pay deductible and co-payments at the time of service. If we have not received payment from the insurance company within 60 days of the date of service, you will be expected to pay the balance in full.

Many insurance plans state that provided services will be covered for "up to 50%, 80%, or even 100%." We have found that many plans cover less than that depending upon the plan's established **"usually and customary"** fees. Insurance companies use the terms "usual and customary" when establishing **fee limitations** for services rendered, and are usually determined by ***percentile*** of an area. The benefits paid by your plan are largely determined by how much your employer/union paid for the plan. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary" fees, and not our actual fees. Thus, your insurance coverage may be less than you expected. We encourage you to be familiar with your plan benefits.

Referrals

It is the patient's responsibility as to whether or not a referral is required to be treated by a specialist (chiropractor). Be advised that your **PCP** (primary care physician) is unable to backdate any referrals. All referrals could take up to 1 week to be processed. Should a patient be seen in our office without a referral, and the claim is denied, you will then be held responsible for the balance due.

Refunds

Overpayments will be refunded upon written request within 30 days.

Missed Appointments/Late Cancellations

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Assignment and Release

I thereby authorize my insurance benefits to be paid directly to the doctor providing my chiropractic care. I also authorize the doctor to release any information to process insurance claims in its entirety.

I have read and understood this Financial Policy. I agree to assign insurance benefits to the Chiropractic office whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to amount owed, I will be responsible for the fee charged by the section agency for costs of collections.

We reserve the right to check the credit histories of guarantors.

I understand that I am financially responsible for any balances due.

Signature of insured or Authorized Representative: _____

Date: _____