

Financial Policy

_____ Blue Cross Blue Shield: Each individual policy determines how much coverage one is eligible to receive. Looking in the policy manual will give a better idea of what to expect as far as coverage. (FYI: chiropractic benefits are usually under the therapy guidelines of the policy.) BCBS, in some cases, will only allow a certain amount of visits per year. We will process insurance claims and send them to the respective company. However *co-payments, if applicable, are due at the time of service*. I understand that I am responsible for the balance of the account that insurance does not cover. BCBS does not cover the cost of supplements that the chiropractor may recommend. I understand that I am responsible for these charges.

_____ Medicare: I understand that *Medicare does not cover x-ray examinations, physical examinations, extremity adjustments, hot or cold treatments, traction or other therapies* by a Chiropractor. Because Medicare does not cover these charges, most supplemental insurances will not cover them either. Medicare will only cover chiropractic spinal adjustments. Medicare, in some cases, will only allow up to 12 visits per year. If, in some instances, Dr. Nicolai/Dr. Smith feels that more treatments are necessary he may apply for additional treatments. Medicare does not cover the cost of supplements often suggested as treatment by chiropractors. *If x-rays, physical exams, therapies, extremity adjustments, traction, or supplements are required, I understand that I am responsible for these charges.*

_____ Medicare Replacement Insurance: (Secure Horizons, Humana, etc.) The guideline for coverage under this type of insurance is much the same as described above in the Medicare statement, however, there is no supplemental insurance, as with Medicare, to cover the costs that the primary company does not cover. This being the case, I understand that I am responsible for the remaining balance of the account after insurance reimbursement.

_____ Medicaid: *All co-payments, if applicable, are due at the time of service*. Medicaid only allows 12 visits per year. Medicaid may approve additional visits for emergency care at patient request, however prior approval needs to be granted before the time of the appointment. Medicaid does not cover the cost of supplements that the chiropractor may recommend. I understand that I am responsible for supplements purchased, any treatments that extend past the allotted yearly amount, and any recipient liability that I may have.

_____ Private Insurance: (Fortis, Continental General, American Republic, etc) Individual policies may vary greatly from one to the other. Most policies require that you meet a yearly deductible to be eligible for any coverage, some, may not cover chiropractic at all. Check the policy manual for exact coverage benefits. Until the deductible has been met, *payment in full is due at the time of service*. Private Insurance companies do not cover the cost of supplements often suggested by chiropractors. If x-rays, physical exams, therapies, extremity adjustments, traction, or supplements are required, I understand that I am responsible for the balance of the account that insurance does not cover. We are a non-participating provider for ALL Private Insurance Companies.

_____ WSI: Proper *paperwork must be started before* the scheduled appointment if planning to file a claim with WSI. Notification of the injury must be given at the time of the first visit so a record of the injury sustained becomes part of your medical record. If the injury information is not part of the medical record, WSI may deny the claim. If a scheduled follow up appointment cannot be kept, call immediately to reschedule as missed appointments are recorded and may be reason for a claim denial. If WSI denies the claim, I understand that I am responsible for the balance of account.

_____ Accident Insurance: (AFLAC, Combined) Fill out your portion of the form. Our portion will then be completed. *Notification of the accident / injury at the time of the first visit is required so a record of the accident becomes part of your medical record*. If accident information is not part of the medical record, the insurance company may deny the claim. Total disability will be declared only by the Doctor and will be noted in the chart. Accident insurance is only filed once monthly. Accident insurance benefits are primarily sent to the policyholder, therefore, *payment is required at the time of service*.

_____ Patients with no Chiropractic Coverage or Self Pay: *Payment in full is due at the time of service*. If full payment cannot be made at the time of service, please ask the office manager about setting up a payment plan.

Supplements and therapy aides (such as back braces, ice pack, knee braces, pillows etc.) must be paid for at the time of purchase. All sales are final.

Payment Options: Cash, Check, Visa, MasterCard, American Express or Discover

I have read and understand the above statements and agree to the financial terms specified therein:

Signature

Date