

RASOR CHIROPRACTIC FINANCIAL POLICY

Our recommendations are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. Regardless of your coverage, we'll suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.

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. 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. These services include, but are not limited to, x-rays, examinations, therapies, and/ or massage therapy. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

SECONDARY INSURANCE

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing, and can often do it for you.

MANAGED CARE PLANS

We are preferred providers for several major insurance companies. Please inform us of your insurance if you choose to use it, so we can file it properly and in a timely manner. If we are aware of your insurance policy before you arrive, we can properly prepare and know what benefits and payments should be expected. If it is short notice, we collect the first day fees in full, then credit or reimburse you after hearing back from your insurance company.

FLEX PLANS/MEDICALS SAVINGS ACCOUNTS

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

INSURANCE FORMS/PAYMENT

If you receive any correspondence from your insurance carrier pertaining to the care you received at this office or a request of more information regarding your care, please bring it in as soon as possible. Occasionally, either by mistake, or due to provisions in you policy, the check issued by the insurance company for payment of services rendered in our office, may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

I have read and understand the payment policy of Rasor Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Rasor Chiropractic and my insurance company. I request that Rasor Chiropractic prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctor at Rasor Chiropractic that fees will be due and payable immediately.

Patient's signature (or guardian if patient is a minor)

Date

Witness