

ALDRICH CHIROPRACTIC CENTER FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and our practice, we have adopted the following financial policy. If you have questions, please discuss them with our billing staff. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

PATIENTS WITHOUT INSURANCE

We can offer CareCredit applications if you can't pay our reasonable "time of service" fee schedule. We are happy to accept cash, personal checks, Mastercard, Visa, Discover, or American Express.

PLEASE NOTE: A \$35.00 fee is charged for any returned checks.

CASH PAYMENTS

Please ask about our Time of Service fee schedule. You are responsible for full payment on each visit.

- I Would like to be a cash patient and NOT have Aldrich Chiropractic Center bill my health insurance company.

By signing below I acknowledge that I am responsible for the full balance at the time of service.

Patient Signature: _____ Date: _____

GROUP OR INDIVIDUAL INSURANCE

As soon as possible, we will call to verify benefits on your insurance. We do encourage you to also check your benefits for confirmation of coverage. The benefits quoted to us by your insurance company are not a guarantee of payment. **You are responsible for any non-covered services, deductibles, or co-pays.**

High Deductible Plans

If you have an insurance plan with a high (above \$1000) deductible, you are responsible for a payment of \$55.00 per visit. We will apply this payment to your deductible as the insurance claims are processed. Once insurance claims are processed, we will make adjustments to your payment amount.

By signing below I acknowledge that I am responsible for a payment at each visit.

Patient's Signature: _____ Date: _____

"ON THE JOB" INJURY (WORKER'S COMPENSATION)

If you are injured on the job, your care should be paid for under your employer's Worker's Compensation insurance. You will need to inform your employer of the accident and complete any necessary reports and testing they may require. If you or your employer does not provide us with the necessary information within 30 days, or if you suspend, terminate care, all fees are due **immediately**. If your claim is **denied** or unauthorized for any reason, **you are responsible** for all charges in full.

PERSONAL INJURY, AUTOMOBILE ACCIDENTS

Please notify your auto insurance carrier of your visit to our office immediately and set up a Med-pay account. Notify us immediately if an attorney is representing you and have their information available. Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to six months after your care is complete. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately by you.

MEDICARE

We do accept Medicare. The payment is sent directly to our office for the services that Medicare will cover, which is for Chiropractic only for manipulation of the spine.

Secondary Insurance

Please inform us of any secondary Insurance you may have. We will assist you if you need help in filing.

MESSAGE PATIENTS

Payment is expected for all cash massages to be paid **AT THE TIME OF SERVICE**. **If cancellation of your massage appointment is necessary, our office requires 24 hours notice or you will be charged a missed appointment fee of \$20 for a 1/2 hour , \$40 for 1 hour, and \$60 for 90 minutes.** If billing insurance for massage you are responsible for any deductible, co-pay, or co-insurance and must see Dr. Aldrich in order to show medical necessity for the massages.

I have read and understand the payment policy of Aldrich Chiropractic Center. I understand that my insurance is an arrangement between my insurance company and myself and that I am ultimately responsible for payment of all charges. I request that Aldrich Chiropractic Center 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 doctors at Aldrich Chiropractic Center that fees will be due and payable immediately.

Patient or Guarantor's Signature

Date

Copy to Pt. _____