



**COLLINS CHIROPRACTIC  
AND DIAGNOSTICS**

**FINANCIAL POLICIES and  
PATIENT AGREEMENT**

Effective January 02, 2015

Welcome to Collins Chiropractic & Diagnostics. We are committed to providing you the best available care. Your understanding of our Financial Policy and Patient Agreement is vital to the success of our relationship. Please review this information carefully. If you have any questions or concerns regarding these policies, our staff will be happy to help.

**METHODS OF PAYMENT:** We accept cash, checks or Visa/MasterCard. In most cases, our services and supplies are eligible for payment through Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs), and similar accounts. We will be happy to provide receipts and other documents to substantiate these expenses.

**CASH ACCOUNTS:** Patients are responsible for payment at the time of service unless arrangements are made with our staff prior to the beginning of your care.

**BENEFITS VERIFICATION:** As a courtesy to you, we will attempt to verify your benefits prior to your initial evaluation. However, insurance carriers specify this verification is not a guarantee of payment, and the amount of patient responsibility (deductible and copays) is an estimate based upon available information. Services not covered or deemed not medically necessary by your plan are your responsibility. We strongly encourage you to call your insurance carrier to obtain your chiropractic benefits. Depending upon your health goals, the recommended treatment plan may exceed the limitations of your policy. Coverage is contingent upon your eligibility at the time of service.

**INSURANCE FILING:** We will file all claims with your primary and supplemental insurance carriers. Please provide us with complete and accurate personal and insurance information. Failure to do so may result in denial of claims by your insurance carrier. If you are denied, you are financially responsible for the outstanding balance. If we have an agreement with your insurance carrier, we will receive direct payment for covered services. After your insurance carrier has paid their portion of your claim, we will bill you for the outstanding financial responsibility.

**DEDUCTIBLES AND COPAYS:** According to the terms of your insurance plan, you are responsible for any predetermined deductibles and copayments at the time of service.

**PERSONAL INJURY:** If you have been involved in an automobile collision or other personal injury, please inform us before the beginning of care. Personal injury cases are accepted on the discretion of our staff. If we do not accept your case, we will refer you to an appropriate provider. If we accept your case, please provide us with all vital information regarding the case, including your automobile insurance carrier, any other appropriate insurance carrier, attorneys, and police reports. To ensure proper payment, we may ask that a medical lien be filed. Our staff will discuss with you how this affects you.

**REFERRAL:** If your insurance carrier requires a referral, it is your responsibility to obtain one from your primary care or referring physician.

**BILLING SERVICE:** If you wish to discuss your account and/or set up a financial arrangement, please contact our staff. Contact information is on your billing statement. Failure to pay or adhere to agreed financial arrangement may result in the account being turned over to an outside collection agency. You agree to pay all reasonable legal expenses necessary for the collection of any debt, including reasonable attorney fees. A possible \$50 processing fee is assessed to the set-up of a financial arrangement. There is a \$25 service charge on all returned checks.

**BILLING STATEMENTS:** We strive to mail billing statements regularly. We allow 60 days for your insurance company to respond to your claim. If they have not responded within 60 days, we will send you a bill for the outstanding amount and ask you begin making payments on your account while payment issues with your insurance carrier are addressed.

**MEDICARE PATIENTS:** For the 2015 calendar year, Medicare's deductible is \$147. Once the deductible is met, Medicare covers services at 80% and you are responsible for 20% co-insurance. All secondary insurances to Medicare may pick up a portion, if not all, of the outstanding Medicare balances. You are responsible for all liability as laid out in your secondary health care plan. *Chiropractic adjustments are the only services covered by Medicare.* Other services in our clinic, such as required examinations, laboratory testing, and nutritional & lifestyle consultations are available on a cash basis.

**MEDICAL RECORDS:** We are happy to provide to you copies of your records. If you need copies, you must sign a medical records release form. We do not charge patients for copies of their own records. We charge a fee for records requested by a third party (lawyers, businesses, etc.).

**MISSED, CANCELLED & LATE APPOINTMENTS:** A minimum of 24 hours notice is required for cancellation of an appointment. This will allow time for the appointment slot to be filled by another patient. A missed appointment fee of \$25 will be assessed if notice is not given. We understand that some circumstances leading to missed appointments cannot be avoided. Therefore, we will allow one missed appointment per calendar year without penalty. For established patients, if 3 appointments are missed in a calendar year, we reserve the right to require a credit card hold prior to scheduling your next appointment. If a new patient appointment is missed, a credit card hold will be required before rescheduling the new patient visit. If you are late for your appointment, please inform us as quickly as possible. You may be subject to the missed appointment policy.

***I hereby assign all medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to Collins Chiropractic & Diagnostics. I authorize the release of any relevant medical information that may be requested in order to process my claim. I authorize payment of medical benefits to Collins Chiropractic & Diagnostics. I am aware that if my insurance does not cover these services I will be responsible for charges.***

**I UNDERSTAND AND AGREE TO COMPLY WITH THE FINANCIAL POLICY EXPLAINED ABOVE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_