

CHIROPRACTIC NEUROLOGY CENTER

FINANCIAL POLICY

Chiropractic care is covered under many insurance plans. Most of our patients that have insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation. Chiropractic Neurology is a unique specialty whose treatment is based on specific exam criteria, not necessarily specific for pain or condition. Some exclude diagnoses that reflect a behavioral or learning condition, therefore insurance may not pay for all services. This form helps you to make an informed choice about whether or not you want to receive these items or services, knowing you might have to pay for them yourself.

YES, I WANT TO RECEIVE THESE ITEMS OR SERVICES.

I understand that insurance will not decide whether to pay unless I receive these items or services. Please submit my claim to insurance. I understand that you may bill me for these items or services and that I may have to pay the bill while insurance is making its decision. If insurance does pay, you will refund to me any payments I made to you that are due to me. If insurance denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal insurance's decision.

PATIENTS WITOUT INSURANCE

For cash patients, we will be offering a **point of service discount** of 25%. This means when you come in for visit, all of the services you incurred will be totaled and then 25% will be taken off of your total. Payment is due at the of service in order to receive this discount, unless a payment plan agreement has been made with our billing department.

GROUP OR INDIVIDUAL INSURANCE

We will call and verify benefits with your insurance. However, the benefits quoted to us by your insurance company are not a guarantee of payment. Payment will be due by you at the time of service for any non-covered services, deductible, or co-pays.

MEDICARE

We do accept assignment from Medicare. Medicare will only cover manual manipulation of the spine. Medicare pays for 80% of this allowable charge once the deductible has been met. You are required to pay the deductible and remaining 20% as well as any non-covered services such as therapy, x-rays, exams, re-exams, and extremity adjustments. These charges will added up and a 25% point of service discount will be taken off. Payment is due at time of service. Our office completes and files the forms to Medicare at no charge.

SECONDARY/SUPPLEMENTAL

Please inform us of any secondary or supplemental insurance that you may have. We will complete and file the forms at no charge.

MEDICAID

We are no longer a provider for any state insurance programs. If you choose to receive care in our office, you understand that you will turn into a cash patient. For cash patients, we will be offering a **point of service discount** of 25%. This means when you come in for visit, all of the services you incurred will be totaled and then 25% will be taken off of your total. Payment is due at the time of service in order to receive this discount, unless a payment plan agreement has been made with our billing department.

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Please notify your auto insurance carrier of your visit to our office immediately. Notify our insurance/billing department if any attorney is representing you. Although you are ultimately responsible for your bill, we will wait for a settlement of your claims for up to six months after your care is completed. Once the claim is settled or if you suspend care, any fees for services are due immediately.

I have read and understand the payment policy of the Chiropractic Neurology Center. I understand that my insurance is an arrangement between myself and my insurance company, NOT between the Chiropractic Neurology Center and my insurance company. I request that the Chiropractic Neurology 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 the Chiropractic Neurology Center, that fees will be due and payable immediately. I also understand that the balance of the bill will be my responsibility.

In the event my account is sent to a third party for collection, I agree to be responsible for all collections costs, including but not limited to witness fees, reasonable attorney's fees, court costs and pre-judgment interest at a rate of 1.5% per month (18% APR). In the event suit is filed, I agree to waive trial by jury and stipulate that either the Superior or Circuit Court of Marion County, Indiana is the proper court of jurisdiction and venue.

Patient

Signature _____

Date _____

American Imaging & MRI

Release & Responsibility

I authorize any insurance benefits be paid directly to the physician or facility. I authorize American Imaging & MRI or my insurance company to release any information required to process the claim.

I affirm that I will be responsible for any and all unpaid balances for services associated with treatment by this office, and that payment in full is due when services are rendered. I understand that billing my insurance company is a courtesy and that I am responsible for any outstanding balance when services are rendered. This includes my insurance company not being billed correctly and if the claim has not been submitted to the insurance company by the physician, facility, or their staff.

I will be responsible for any and all unpaid balances, collection costs, collection agency fees, and attorney's fees along with any other expenses which might be associated or incurred to collect the unpaid balance on my account.

Signature of Responsible Party: _____

Date: ____/____/____