



Financial Policy - Updated October, 2018

Our experience has shown that it is wise to have an understanding with our patients as to our office fees and policies. Therefore, this form has been prepared for your convenience and information.

We offer several methods of payment for your care at our office and you may choose the plan that best fits your needs. This information will enable us to better serve you and help avoid any misunderstanding in the future. If special arrangements are necessary, please discuss this with the doctor during your consultation. All fees are primarily based on the usual and customary fees for our community and on the fee schedule set by the insurance commissioner of South Carolina.

Our main concern is your health and well-being, and we will do our best to help you.

CASH PLANS:

You are expected to pay in full for today's service. Fees are to be paid at the time services are rendered unless special arrangements have been made in advance. We accept cash, MasterCard, Visa, and Discover. We provide a discount for prepaid care plans. We also offer monthly payment options as well. Ask your chiropractic assistant for details.

INSURANCE:

The only insurance company we are in network with is **Blue Cross Blue Shield**. We are out of network with all other carriers. If your Blue Cross policy does not cover chiropractic benefits, you will be charged as a self pay, cash patient. You will not be granted any in network discounts.

We will file all COVERED services to your insurance carrier if you have benefits, and if you request us to do so. If a denial should process, every attempt will be made to collect payment from your insurance company based on the initial verification of benefits. In the event that payment cannot be collected from your insurance company, you are ultimately responsible for all charges that may incur.

We will file your primary insurance coverage **ONLY**; Any secondary insurance will need to be filed by the policy holder. (We do not file secondary insurance policy coverage)

Since insurance reimbursement is subject to approval and cannot be accurately predicted (regardless of what insurance representatives communicate) we want to work out with you in advance how to address non-payment by the insurance company. Our experience is that insurance companies are more likely to pay if you personally pursue any denied claim(s) since you are their customer.

INSURANCE CONTINUED:

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If your insurance company has a maximum number of visits or service maximum per year, we will not know exactly when you reach this maximum until your insurance processes. Your insurance takes approximately 2-4- weeks after your service date to process.

We will notify you of any non-payment and explain what you can do to help yourself and receive that reimbursement that is deserved.

Remember: the insurance company will often defer responsibility for their non-payment, no matter what we do or send them.

MEDICARE:

We are not participating with Medicare and we do NOT accept assignment from Medicare. Medicare patients are expected to pay in full for services rendered in the office and will be reimbursed at their home by Medicare.

Example: A chiropractic adjustment charge for a 98941 level adjustment is \$30.00. A Medicare patient will be expected to pay \$30.00 at the time the service is rendered.

SPINAL ADJUSTMENTS ARE THE ONLY SERVICE COVERED BY MEDICARE. Medicare does not cover examinations or x-rays. If you are under an ACTIVE treatment plan Medicare will usually cover your spinal adjustment. We have no control over whether or not Medicare will pay for continual treatment. Spinal adjustments for patients on maintenance or wellness care are not covered by Medicare.

To help pay for services needed, we offer monthly payment installments through Healthcare Payment Solutions to cover your cost of your total treatment programs.

Please understand that when your insurance is filed (the day you come in) it will take between 60-120 days for Medicare to process your claim and for you to be refunded by Medicare.

MEDICAID:

We are out of network with Medicaid. We do not accept Medicaid insurance.

WORK RELATED:

If you were hurt on the job and have any questions about Worker's Compensation benefits contact the Ombudsman at the South Carolina Worker's Compensation Commission. The Division of Workers' Compensation has full-time personnel who specialize in aiding injured workers with

claim information and problems. They can give information about benefits an injured worker is entitled to receive. They can help try to solve problems with benefits not being paid on time, medical treatment, unpaid medical bills, questions about how to figure settlement amounts, etc. Workers' Compensation patients are expected to pay in full for services rendered in this office and will be reimbursed at their home by the appropriate parties.

Worker's Compensation Division can be reached at:

**CLAIMS ADVISORY/OMBUDSMAN
DIVISION OF WORKERS COMPENSATION
P.O. BOX 1715
COLUMBIA, SC 29202-1715
803-737-5700**

AUTO & PERSONAL INJURY:

These cases are cash patients unless sent from a qualified attorney. (See receptionist for attorney's we accept assignment from directly). If you do not have an attorney, you will be required to pay in full for your services at the time your services are rendered.

MASSAGE THERAPY:

We do our best to maintain a quiet and serene office atmosphere. However, we are a chiropractic office and during your massage, you may hear noises of a chiropractic clinic. There are no children or guests allowed in massage room with the client and therapist.

Please understand that a 60 minute massage by standard of practice is actually a 53 minute massage and a 30 minute massage by insurance standards is actually a 23 minute massage.

VERIFICATION OF NON-PREGNANCY (Female patients only):

By my signature on this form I do hereby state that to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period _____.

CANCELLATION POLICY: _

Reminder calls are a courtesy and should not take the place of you personally keeping up with your appointment. If you cannot keep your appointment please provide adequate notice of cancellation, (At least 2 hours before your scheduled appointment). Scheduled appointments are made to provide treatment and recovery of conditions. If you cancel your appointment, it may delay your recovery. If you must miss you need to make up the appointment as soon as possible. If you fail to make your scheduled appointment and do not call to cancel there will be a \$25. fee.

For all massage therapy appointments, we require a 2 hour cancellation policy. If you arrive late to a scheduled massage, you may still get your massage with time deducted.

CANCELLATION POLICY CONTINUED: _

However, you will still be responsible for payment of entire scheduled time. Insurance does not cover this fee. We appreciate a call if you are running a few minutes late.

Re-examination and new patient appointments are blocked by 30-60 minute intervals. This time is set aside for a thorough evaluation by the doctor. If these appointments are missed and not canceled within 24 hours, there will be a \$50.00 missed appointment fee charged.

We look forward to serving you and helping you reach your full health potential. If you have questions on any of our policies, please don't hesitate to ask. These policies are meant to protect the general interests of all of our patients.

PAST DUE ACCOUNT BALANCES:

In the event that a balance is owed on a service rendered, you will be mailed a statement. If no payment is made, a \$5.00 late fee will be charged with the second statement. The third and final statement will be mailed and assessed a \$5.00 late fee. After the final statement is sent, collection activity will begin. If payment is not paid within 90 days, a 35% collection fee will be added to your bill and your bill will be sent to collections. If your bill is sent to small claims court, you will also be charged a 35% collection fee on your balance and are responsible for the court filing fee (\$80).

If your bill is not paid within the 90 days in full and you require a payment plan, it will only be accepted if it is set up through HCPS (auto-draft). Balances requiring a payment plan will be charged an in house interest of 5% interest on the balance every month the balance remains unpaid.

RETURN CHECK FEE:

Returned check is assessed a \$25.00 fee and no further checks can be accepted.

DISTRIBUTION AND SOLICITATION:

We ask that you avoid solicitation for the benefit of your schools, projects and fundraisers. We want to help everyone but it is difficult to help one and not to help all. We really appreciate your understanding of this policy.

Patient's signature: _____ Date: _____