



ARCADIA CHIROPRACTIC CLINIC

OFFICE FINANCIAL POLICY

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to help achieve that goal.

HMO, PPO, Medicaid or Auto Insurance: As a courtesy, our office will file your insurance claims for you. Our office will also verify your insurance contribution over the phone, when possible. This verification is not a guarantee of payment. You will be responsible for paying your annual deductible, co payment, coinsurance and charges for any non covered service at the time of service. Insurance is required to make timely payments within 30 days of service. Any outstanding insurance payments over 60 days become your responsibility. For auto accidents or liability cases, please notify our office if you have an attorney.

Arcadia Chiropractic Clinic participates in most health insurance plans.

MEDICARE: We are a participating provider of the Medicare program. Patients are responsible for meeting their \$100 deductible and paying for the 20% copayment at the time of service. The only “allowable charge” payable for chiropractic is for chiropractic adjustment. **Medicare will not pay for any examinations, x-rays, or therapies when performed by a chiropractor.** Any balances due for services not covered by Medicare are expected at the time of service. Medicare has limited chiropractic visits to 12 per year per condition. We do file with most secondary/supplemental carriers. You are responsible for any charges not covered by your insurance or Medicare.

NO-SHOW FEE: A \$15 no-show fee will be applied for visits missed with no notification of any kind.

WORK COMPENSATION: Prior authorization for treatment must be obtained before we can initiate any treatment at our facility. If treatment is authorized, no payment is due from the patient at the time of service. As with any other insurance, if Workman’s Compensation does not pay insurance claims in a timely manner (60 days) the patient will be responsible for the cost of treatment and reimbursed when insurance payments are made.

PAYMENT POLICY: If your account is secured with a credit card, account balances will be charged at the end of the week. **Patient balances are not to exceed \$100 dollars at any time.** Returned checks along with patient balances over 30 days may be subject to additional collection fees and interest charges. We accept cash, check, money orders and credit cards (Visa, American Express, Mastercard).

It is our office policy that all services rendered in this office are the responsibility of the patient, regardless of whether or not this office accepts insurance assignment.

I have read and understood the above outlined policies.

Patient/Guardian Signature: _____

Date: _____