

Financial Policy

Larson Chiropractic is happy to work with our patients to provide the best quality of services. This letter is to acquaint you with our office billing procedures. Please read the following carefully and initial the appropriate method of payment. Your health insurance policy may have a deductible as well as a percentage (co-insurance or co-pay fee) for which you, the patient, are responsible for. Therefore, it is our policy to have all initial visit fees paid for, by the patient, at the time of his/her appointment.

Claims are sent out to insurance companies periodically. Upon receipt of payment for services rendered, you will also receive statements from your insurance company, referred to as explanation of benefits (EOB's), which will inform you of any payments made. Since there are no guarantees of payment from the insurance company, you the patient are held liable for unpaid balances. **Health insurance is an agreement between the patient and the insurance company.** On occasion, the insurance company will send a check for payment of services to the patient; should that occur, please endorse the check and bring payment directly to Larson Chiropractic. If there is an overpayment from your health insurance, Larson Chiropractic is obligated to reimburse the insurance company, Larson Chiropractic is obligated to reimburse the insurance company, so we will send payment directly to them reflecting the overage.

We encourage you to ask any questions you may have regarding our financial policy, so that you may have a clear understanding. Our goal is to concentrate on returning you to optimal health and to establish overall well being. We have prepared the following checklist in order to help our patients determine their responsibility toward payment for chiropractic services. Please check the statement that applies to you:

_____ PRIVATE INSURANCE: I understand that as a service to me, Larson Chiropractic will bill my insurance company for services rendered, however; I fully understand that it is my financial responsibility to be liable for all healthcare expenses regardless of insurance coverage. I agree to assume all financial responsibility.

_____ MEDICARE: I am eligible for Medicare and I understand it pays only for manipulation of the spine, not for diagnosis or X-rays. I also understand there is a yearly deductible which must be paid by the patient. Medicare will only cover 80% of the allowed fee and I request that Medicare reimburse Larson Chiropractic directly for services rendered.

_____ PRIVATE PAY (CASH): As I have no insurance or third parties (bodily injury claim) liable for my healthcare expenses, I agree to assume all payment responsibility and keep my account current. (Please be sure to talk with our office about pre-payment incentives and payment options.)

My signature gives this office permission to give out any pertinent information to any insurance company, attorney, or adjustor who needs this information to facilitate the payment of a claim. **A photocopy of this form shall be deemed valid.**

PATIENT'S NAME

SIGNATURE (RESPONSIBLE PARTY)

_____/_____
DATE