

# LARSON CHIROPRACTIC 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(s) of payment.

Your health insurance policy may have a co-pay and/or deductible along with a co-insurance percentage for which you, the patient, are responsible. Therefore, it is our policy to have all visit fees paid for, by the patient, at the time of the appointment and services are rendered.

Health insurance is an agreement between the patient and the insurance company. Checking benefits is **not a guarantee** of payments or benefits until claims have been processed by the insurance company. 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 an explanation of benefits (EOB's), which will inform you of any payments made. Since there is *no guarantee of payment* from the insurance company, you the patient are held liable for any unpaid balances. Once claims are fully processed back to Larson Chiropractic and should an overpayment by the patient be determined, a credit toward future visits or a refund will be issued to the patient.

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 it directly to Larson Chiropractic. If there is an overpayment from health insurance, 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 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 initial the statement(s) that may apply 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* for any unpaid balances as discussed above, and I agree to assume all financial responsibility.

\_\_\_\_\_ **MEDICARE:** I am eligible for Medicare, and I understand it only pays for chiropractic manipulation to the spine and **not for the diagnostic exam, x-rays, or therapy**. I also understand there is a yearly deductible which must be paid by me, the patient or a supplemental policy. 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, I have insurance that Larson Chiropractic is not in network with, or third parties (bodily injury claim) liable for my healthcare expenses, I agree to assume all payment responsibility at the time of service rendered and keep my account current.

My signature gives Larson Chiropractic 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Responsible party)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date