

Sheets Chiropractic and Wellness Financial Policy

If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible. Occasionally, either by mistake, or due to provisions in your policy, the check issues by the insurance company for payment of services rendered in our office may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

We have verified your benefits and while your insurance company **did not guarantee payment**, they stated that:

- You are required to pay a \$_____ **co-pay** or _____% **co-insurance** at the time of service.
- Benefits are available up to _____ **visits** / \$_____ **per year**.
- Benefits are subject to a \$_____ **deductible** which \$_____ remains.
After the deductible has been met you are responsible for _____% of ALL charges.
- Your policy has an Out of Pocket Max of \$_____ of which \$_____ remains
- ChiroHealthUSA membership, you receive 25% off all services. * See ChiroHealthUSA Financial Policy Summary sheet.
- Without insurance, you receive a 5% off all services **WHEN PAID AT THE TIME OF SERVICE WITH CASH OR CHECK ONLY.**

Exam	\$
X-Rays	\$
Adjustment	\$
Extremity	\$
Muscle Stim	\$
Rehab	\$

It is our office policy that ALL patients MUST:

- Pay at time services are performed and no patient may carry a balance over \$200
- “Active care” patients are not to get more than 3 visits behind on payments (active care patients are patients coming in multiple times per week)
- A referral from your primary care physician will be necessary. Out of network benefits may be available if a referral is not obtained.

Office Fee’s

(The following are fees that may be assessed to your account should they apply)

Statements Fee: \$10 (if we have to send out more than one statement)

Return Check Fee: \$30 plus any bank fees

I have read and understand the payment policy of Sheets Chiropractic and Wellness. **I understand that my insurance is an arrangement between myself and my insurance company, NOT between Sheets Chiropractic and Wellness and my insurance company.** I request that Sheets Chiropractic and Wellness 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 my doctors at Sheets Chiropractic and Wellness that fees will be due and payable immediately.

As stated above this is not a guarantee of payment by your insurance company until all claims have been received and paid on.

Patient signature (or guardian if patient is a minor)

Date

Witness

Date

Medicare, Medicaid and all other Government Payers

- Sheets Chiropractic and Wellness accepts assignment from Medicare, Medicaid and other government payers. Reimbursement is sent directly to our office in payment for Chiropractic services that Medicare will cover.

Medicare

- Medicare will **ONLY** cover manipulation of the spine if supported by annual X-ray and/or examination.
- Medicare does not cover maintenance care.
- Medicare Pays 80% of the allowable fee once the deductible of **\$283** has been satisfied.
- Sheets Chiropractic and Wellness will submit to your secondary/supplemental insurance. Payment will be based on individual coverage.
- You are required to pay the deductible and the remaining fees for services Medicare and your supplemental insurance do not reimburse.

Services not covered by Medicare/Medicaid:

- ✓ X-rays (**Medicaid covers X-rays**)
- ✓ Examinations
- ✓ Rehab/Physical Therapy
- ✓ Extremity Adjustments
- ✓ Muscle Stimulation
- ✓ Orthotics
- ✓ Orthopedic Supplies
- ✓ Nutritional supplements
- ✓ Maintenance care

Cost:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Copay

\$ _____

- Medicare, Medicaid and all other government payer patients are fully responsible at the time of service for charges of non-covered services.
- Medicare and Medicaid patients are eligible to become ChiroHealthUSA members. ChiroHealthUSA members receive 25% off all *services*.

If you have questions regarding these guidelines, please ask, we are here to help you!

I have read and understand the limitations of my Medicare, Medicaid and all other Government Payer coverage and agree to be personally responsible for the payment of the non-covered services if I choose to receive those services.

Signature of patient or person acting on patient's behalf

Date

Witness

Date