

Financial Policy

Our care plan instructions are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Regardless of your coverage, care plan instructions will be based on the the chiropractic care you need. We ask that you read and understand our policy as it applies to your particular situation.

PATIENTS WITHOUT INSURANCE We offer a cash discount to be paid at time of service. We are happy to accept your check, cash or credit card.

GROUP OR INDIVIDUAL INSURANCE Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company to help you collect. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays. You may also pay the full amount due each day thereby qualifying for our Time of Service Reduction in fees. You may then submit the bill to your insurance carrier for reimbursement.

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS Please present your auto insurance card, your health insurance card, and tell us if you have retained an attorney. There are three options available to the PI patient:

1. Pay cash for your care and we will submit reports whenever necessary.
2. We will bill (accept assignment) from the Med Pay portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor's Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to three months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately. There will be a monthly interest charge of 1.5% (18%APR) on any balance due.

MEDICARE We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are NON-COVERED. These services include, but are not limited to x-rays, examinations, therapies, orthotics, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

INSURANCE FORMS/PAYMENT If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of more 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 issued 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.

_____ ***If you are running late, please be courteous by calling or texting to let us know.***

_____ ***We ask that you please reschedule or cancel at least 24 hours before the beginning of your appointment or you will be charged a cancellation fee of 100% of the cost of your service.***

_____ ***Any cancelled and/or missed appointments will be charged full price of service and will result in pre-payment of services thereafter. For your convenience, you may leave a credit card on file. This fee is not covered by insurance companies.***

For your convenience, you may also schedule online at Fusion-Chiro.com.

Patient's signature (or guardian if patient is a minor)

Date