

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. You are given a copy of this policy at your first visit and this form can be found online at Fusion-Chiro.com

ALL SALES ARE FINAL

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. Benefits quoted to you or us by your insurance company are not a guarantee of payment. 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-pay/co-insurance. You may also pay the full amount due each visit thereby qualifying for our Time of Service reduction in fees. You may then submit the bill to your insurance carrier for reimbursement. Statements of care and receipts are produced once per month, not per visit. Therapeutic Massage is not traditionally covered under medical insurance. Regardless of your insurance policy, you will be billed separately for therapeutic massage services. Any balances not paid immediately are subject to a monthly 1.5% finance charge (18% APR).

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Fusion Chiropractic, Inc will no longer accept personal injury or automobile accident care unless all care is paid for at the time services are rendered. Should you decide to submit your billing to an attorney or insurance company, we will be happy to provide you the documentation necessary to file on your own. Please communicate with us in advance of your care so that we can document accordingly. Statements of care are produced once per month, not per visit.

MEDICARE We do accept assignment from Medicare. Medicare will ONLY cover 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. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services.

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 payments, 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. Please call or text any cancellations. Email is not acceptable for (re)scheduling.***

_____ ***Any cancelled and/or missed appointments will be charged full price of service and will result in pre-payment of services thereafter. We will keep your credit card on file. This fee is not covered by insurance companies. Failure to leave a valid credit card requires pre-payment for all services.***

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

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

Date