



## Financial Policy

### **Initial section that applies to you:**

\_\_\_\_ **Patients with Insurance:** We will check on your benefits prior to receiving care, however insurance companies specify that a quote of coverage is not a guarantee of benefits. **We will collect 100% of services not covered by your insurance carrier. If you have a copay, coinsurance or unmet deductible, you will be responsible for payment of these amounts.**

Insurance is a contract between the patient and their carrier, so it is important that you take responsibility for understanding your benefits. However, **all charges regardless of the insurance coverage are the patient's responsibility** and the patient is ultimately responsible for any unpaid balances. If your policy requires a referral, and you do not obtain one, you will be responsible for payment if services are denied.

If your policy **prohibits collection of deductible and/or coinsurance** prior to claim processing, we will require a credit/debit card to be kept on file. Payment for services not covered due to unmet deductible, coinsurance amount or policy exclusions will be automatically processed after receipt of Explanation of Benefits (EOB) from your insurance carrier.

If your insurer **requires authorization for services** before your insurer will cover the services, your insurer may not authorize coverage or may limit the number of units for these services. If your insurer determines that it will not cover any of the services or if your insurer does not authorize the services, even services that Dr Jill Chiropractic has good reason to think you need, you will be responsible for payment of those non-covered services. We make our best efforts to be current on policies, but may not always be able to stay abreast of all restrictions and timeframes set forth by every insurance company.

**(Right to appeal:** You have the right to appeal directly to your insurer for reconsideration of any determinations that services are not covered and if you are successful, we will refund to you any payments we previously received from you for those services less any co-pays, co-insurance or deductibles.)

**Patient Initials** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

\_\_\_\_ **Medicare/Medicare Advantage Patients: Medicare Part B only covers manipulation of the spine.** All other services are not covered and will be your responsibility. **You will be required to meet your annual Part B deductible, which is currently, in addition to 100% of all non-covered services.** Most, but not all, supplemental policy will cover the Part B deductible and the 20% coinsurance. However, supplemental policies generally do not pay for services that Medicare does not allow. Medicare patients will be required to sign an Advance Beneficiary Notice prior to starting care, any time there is a significant change in diagnosis, and/or at the beginning of each year. Medicare Advantage plans generally follow the same guidelines as Medicare Part B, except you may have a copay instead of a deductible/20% plan.

**Patient Initials** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_



\_\_\_\_\_ **Personal Injury/Workman's Compensation:** Most Personal Injury and Workman's Compensation claims are covered 100%. However, it is your responsibility to provide our office with the documentation necessary to prove a valid claim, as well as the name(s) of any claims adjuster/attorney, etc handling the case, claim numbers and mailing address to send bills. Failure to provide the documentation needed will result in immediate conversion of your case to cash, and all payment will be due on receipt.

**Patient Initials** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

\_\_\_\_\_ **Patients without Insurance.** You will be required to pay for your services at the time they are rendered. We do have pre-paid Wellness Plans available to make care affordable.

**Patient Initials** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

\_\_\_\_\_ I have read and understand the financial policy of Dr Jill Chiropractic. I also understand that if I have insurance, or a valid auto or workman's compensation claim, my carrier may pay for some to most of the charges, but no benefits are guaranteed. I understand that I am ultimately financially responsible for all services not paid by insurance or other third party. Should there be a balance due at the end of my treatment plan, I will receive an invoice for the amount and pay it promptly, or contact the office to make payment arrangements.

Printed Name of Patient/Responsible Party \_\_\_\_\_

Signature of Patient/Responsible Party \_\_\_\_\_ Date Signed \_\_\_\_\_