

New Chiropractic Patient Intake Form

Financial Policy

Our goal is to make your visit with us as smooth and efficient as possible. Deborah, our office manager, will assist you with any questions you may have regarding your insurance billing or payment requirements.

Participating Insurances

Our doctors participate as preferred providers for many insurance plans. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. All charges incurred are your responsibility. If you have a question or concern with your reimbursement, you will need to contact your employer or insurance company. As a courtesy to you, our office will file your claims for you and assist you in every way possible to ensure benefit coverage. The amount the insurance company will pay varies from policy to policy. 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. It is our policy that any services rendered are charged to you directly and you are responsible for payment of any non-covered services, deductibles or copays.

Non Participating Insurances

We will gladly call to determine your chiropractic benefits and bill your insurance company for you. Payment is due at the time of services for all deductibles, copays, and non-covered therapies unless arrangements have been made with the office staff. Please note that it may be beneficial to you to take advantage of our Time of Service discount and submit the claim to your insurance directly. In this case, we will gladly provide a statement of services rendered to you for your insurance company.

Secondary Insurance

Please inform us of any secondary insurance you may have. We will file and collect from your secondary insurance for services covered by the secondary payer.

Self-Pay Patients

We require 100% of the examination fee be paid at the time of service. To qualify for our Time of Service discount, you must pay on the day the service was performed. We also offer treatment packages, just ask our office staff for information on these packages to help defer the cost of treatment.

Flex Plans/Medical Savings Accounts

Please inform us if you have a medical savings account or a “flex spending plan”. We will be happy to provide you with a statement of your charges for reimbursement.

Personal Injury or Automobile Accidents

We require verification of all automobile insurance and billing information (i.e. claim number, policy number, billing address, etc.) before your first appointment.

There are four payment options available to our PI patients:

- 1.** Pay cash for your care and we will submit reports whenever necessary.
- 2.** We will bill and accept assignment from the Med Pay portion of your automobile insurance.
- 3.** We will accept a Letter of Protection or Doctor’s Lien from an attorney. Account balances of 90 days past the release date of treatment will incur a 1.5% monthly charge.
- 4.** We will bill your standard health insurance plan and you will be responsible for all copays and deductibles as they are incurred.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim up to 6 (six) 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.

Cancellation Policy

We require **24 hours notice** for all cancellations. If you call with less than 24 hours notice, or don’t call at all, you will be billed a **\$25.00 fee** for your missed appointment. This fee will be billed directly to you and will not be billed through any insurance. If you have purchased a treatment package and miss a scheduled appointment, one treatment will be deducted from your package.

I have read and understand this financial policy. I realize that I am responsible for all charges incurred by me at Left Hand Chiropractic Center. I agree to the above terms and authorize Left hand Chiropractic Center to collect from me payment if it is not received within ninety (90) days after my time of service.

Patient or Guardian’s Signature _____