

American Family Chiropractic Financial Policy

Patient Name: _____

Date: _____

PLEASE NOTE: ALL PATIENTS ARE PLACED ON A CASH BASIS UNTIL ALL NECESSARY PAPERWORK HAS BEEN RECEIVED, SIGNED AND THE INSURANCE COMPANY MAKES PAYMENT!!

The following describes our office policy on several methods of payment.

() CARECREDIT

This office provides a service for our patients called CareCredit. This is a monthly payment plan exclusively for health care needs. The plan allows you to start treatment today on a fee-for-service basis and spread payments out over time. Plus, your monthly payments will be lower than charges billed through our office. You can pay 100% of your treatment with CareCredit. Even procedures not covered by insurance. You make no down payment, and you can extend the cost over as many months as necessary. Because CareCredit eliminates the need to come up with a large payment now, you don't have to delay any part of your individual/family treatment. CareCredit allows you and your family to get all of the treatment you need right away. Our office has a policy of not billing monthly statements. By using CareCredit we do not have patient balances, therefore, we can keep our business costs lower and offer more affordable chiropractic care.

() CASH

If you do not have insurance coverage for chiropractic care we have other options such as CareCredit, or HFPP (Hardship Fee Payment Plan). We do accept cash patients on a fee-for-service basis with payment due at the time services are rendered. We except Cash, Personal Check, MasterCard, Visa and Discover card. If you think you have a financial hardship, please let the front desk know so arrangements can be made.

() Insurance (Major Medical)

American Family Chiropractic Center provides its services directly to you, not to an insurance company. As a courtesy to you, we will bill your insurance company directly, but there is no guarantee benefits even if approved/authorized. You must pay your co-payment at the time of service and your deductible. You must sign an assignment of benefits, so the insurance company will mail us payment. If you have Major Medical Insurance coverage and are considering chiropractic care. Under this method of payment, we urge you to read the HFPP (Hardship Fee Payment Plan) option.

() HFPP (Hardship Fee Payment Plan)

This option of payment method is excellent for you and your entire family. We understand that many insurance plans have limited chiropractic coverage, high deductibles, high co-pays and endless requirements and restrictions. When you have signed the HFPP agreement this covers individual family deductibles. More importantly, your care continues and you will not be balanced billed if and when the insurance company stops paying for your care!!

() Worker's Compensation Insurance

If you have been injured in the course of employment (or in a car while driving for work related reasons) then you are eligible to file for Worker's Compensation benefits. The BWC, a change to managed-care as of January 1, 1998 all claims are managed through your employer's MCO (Managed-Care Organization). PLEASE NOTE: YOU HAVE THE LEGAL RIGHT TO SEEK ANY CERTIFIED DOCTOR OF YOUR CHOICE. SOME EMPLOYERS TELL THEIR EMPLOYEES THAT THEY MUST GO TO THE COMPANY DOCTOR OR A DOCTOR/PROVIDER OR HOSPITAL THAT THE EMPLOYER CHOOSES. THIS IS NOT TRUE; YOU ARE ALLOWED TO USE THE DOCTOR OF YOUR CHOICE!!

Things you must do:

- 1.) Fill out a "FIRST REPORT OF AN INJURY FORM" this is obtained from your employer when you notify them of the injury or we have the forms here in our office.
- 2.) We will send this form to your MCO and BWC to get a claim number for you.
- 3.) In the modern day of managed care there is no guarantee the MCO, will allow you to activate a claim without your employer disputing the claim.
- 4.) Our office policy is that you give us another form of insurance coverage for our records this will not be used unless BWC denies your claim.

() Personal Injury (Car Accident)

If you have been injured in a slip and fall, or auto accident we accept this type of care case in our office.

1) Comprehensive Medical Payment (Med Pay)- The injured patient or owner of the auto has Med Pay as required by insurance law. This is a benefit of your insurance policy that should NOT affect your rates. Your med pay coverage is the primary source of treatment coverage in the event of an accident. Your car insurance company covers your treatment now and they get reimbursed from the insurance company of the person who is at fault. You must call the 1 - 800 number on your insurance card to activate your Med Pay!

Our office will follow up with your insurance carrier and file the proper paperwork as a courtesy for you.

2) If you have (or will obtain) legal counsel/attorney. We will have you and your attorney sign papers for services rendered. At your request, we will furnish your attorney with copies of forms notes and reports.

Please note: we will help you through this difficult time, but we ask your assistance with starting the Med Pay claim. You must sign an assignment of benefits so your insurance carrier will pay our office directly carry it. This is for your chiropractic care only and is not part of that settlement payment. This would be sent to you directly to you.

() MEDICARE

Medicare patients have limited insurance coverage. Medicare for seniors does not cover or pay for initial exams! Medicare does not cover or pay for x-rays! But Medicare DOES REQUIRE by law that these procedures are performed prior to the beginning of care. As a courtesy and out of respect our office does offer a senior discount of 50% off the cost of these services. Medicare only pays for chiropractic adjustments on the spine and nothing else!! This office does accept assignment from Medicare, and we will bill, if you have a secondary insurance. Please note that many Modern Managed Care Senior Plans do NOT ALLOW chiropractic care, even though traditional Medicare does. This is unfortunate, but in the interest of cost savings your health care suffers from Managed Care. As stated earlier, Medicare is a limited coverage.

() MEDICAID

Medicaid patients have limited insurance coverage that does not pay for initial exams or x-rays, which are required for care. As a courtesy our office will extend to you a 50% discount for exams, x-ray, physical therapy and other supports, which may be required for care. **MEDICAID WILL ONLY PAY FOR A TOTAL OF ONE OFFICE VISIT/ADJUSTMENT PER WEEK FOR EACH PERSON ON MEDICAID.** Non-covered services will be charged directly to you and are due at the time of service.

() WELLNESS CARE

This is care designed to enhance optimal spinal and neurological function, and wellness once you have reached a point that you have no symptoms or objective clinical signs of an acute condition. This stage of care can only be determined by the doctor after an examination. Please note: insurance companies do not pay for wellness care! Insurance companies only want to pay for a limited amount of your acute treatment only with a symptomatic diagnosis, for example 847.0 cervical sprain injury. Under a true wellness care, you will have a diagnosis of 000.0 which is to say you have no acute pain or injury, therefore they will not reimburse our office for this care please see the front office for the Time Of Service (TOS) fee, payable at the time of service. Most wellness care patients desiring benefit most on a 1xweek basis of care.

We know that a clear definition of our financial policy will allow us to concentrate on the primary goal, which is **REGAINING AND MAINTAINING YOUR HEALTH!**

I hereby authorize American Family Chiropractic Center or its agents to provide care to myself, family, and children/ward, as they deem necessary. I have read the Financial Policy and agree to the conditions of the arrangement and understand having any type of insurance is not a guarantee of benefits even if authorized. Furthermore, should I for any reason, become inactive by discontinuing care, I understand that my entire balance of professional services rendered to date will be due within (10) ten days from my last office visit. I understand that I will be responsible for all collection fees to include a 1.5% per month interest rate on all the unpaid balances, attorney and collection agency fees. I understand that all records, including x-rays, are part of the permanent record of this office. Copies are available for \$1.00 per page. A copy of this agreement shall serve as the original.

Signature of patient/guardian: _____ Date: _____

Assignment and Instruction for Direct Payment to Doctor
Private and Group Accident and Health Insurance

I hereby instruct and direct the _____ insurance company to pay by check made out and mail directly to:

American Family Chiropractic Center
Dr. Matthew S. Hakes
5250-B Courseview Drive
Mason, OH 45040

If my current policy prohibits direct payment to the doctor, then I hereby also instruct and direct said insurance company to make check out to me and mail it (In Care Of) the above address to the American Family Chiropractic, the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. This is a direct assignment of my rights and benefits under this policy # _____. This payment will not exceed my indebtedness to the above-mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional services over and above this insurance payment.

A photocopy of this assignment shall be considered as effective and valid as the original. I also authorized the release of any information pertinent to my case to any insurance company; adjuster or attorney involved in this case or claim. I authorize the doctor to initiate a complaint to the Insurance for any reason on my behalf.

Signature of policyholder/claimant: _____ Date: _____