

# **Financial Agreement for Sycamore Valley Chiropractic**

**Welcome to Sycamore Valley Chiropractic.** Let us take a moment to clarify the financial aspects of your care so we can direct all of our attention to helping you get well. Prior to or at the time of your first visit we will attempt to verify your chiropractic benefits with your insurance company and report that information to you. **Your co-pays or percentages will be calculated for you and are due at the time of visit. We are required by law to collect all co-pays.**

## **Your First Visit**

On your first visit, you will meet with the doctor to discuss your current health situation and to discuss if you are a good candidate for chiropractic care. We will conduct a thorough consultation, review of symptoms and complaints and perform an orthopedic/neurological and chiropractic examination. This helps us diagnose the likely cause(s) of your problem and make a recommendation for any further diagnostics and a treatment plan. X-rays are a valuable diagnostic tool and are often used to diagnose underlying conditions, assess spinal alignment and rule out other pathologies. Your x-rays may also be read by an outside radiologist should we feel that a second opinion is necessary.

### **Associated fees on your first visit may include:**

- Initial New Patient consult/examination: Fees vary depending on the complexity of the condition, the amount of time spent with the doctor and the level of reporting that is required.
- X-rays/Radiographs. Fees vary depending on the number of views.
- Outside Radiological review and report \$45

## **Office Visits/ Spinal Adjustments/Extremity Joint Manipulation and Therapy Modalities**

Your care consists of a series of specific spinal adjustments, physical therapy modalities, rehabilitation and a customized treatment plan to restore function to spinal segments and restore nervous system integrity. Re-training the spine and the supporting muscles and ligaments takes time. Each treatment session builds on the ones before. Your treatment plan is tailored to your specific needs and condition. **Please provide three (3) hours advance notice to cancel or change an apt. Our associated fees for services are as follows:**

- |   |   |
|---|---|
| <input type="checkbox"/> Spinal adjustment(s) \$50-80       | <input type="checkbox"/> Physical therapy modalities \$20-40          |
| <input type="checkbox"/> Massage Therapy 30 mins \$40       | <input type="checkbox"/> Massage Therapy 60 mins. \$80                |
| <input type="checkbox"/> Supports/Supplements/Orthotics     | <input type="checkbox"/> Reports, Letters, resubmission of claims,    |
| <input type="checkbox"/> Wellness/Nutritional consultations | <input type="checkbox"/> Disability forms, sports physical exams, etc |
|   | Fees vary by complexity and length of time                            |

## **Billing Insurance**

**We are required by law to collect your co-pays and percentages at the time of visit. We have reviewed the pros and cons to being 'In-Network Providers' and have chosen not to participate. We are 'out of network' to improve your overall benefits and reduce our costs in processing your claims.**

Outstanding patient balances will be billed monthly. Billing your insurance is a courtesy service we offer to our patients. We prefer to avoid the extra cost and time it takes to process statements to our patients and would appreciate your assistance in this by keeping your accounts current with each visit.

Our insurance department is experienced and trained to handle most of the private and group policies available. Each of these groups has unique plans and services that are available. We will

submit claims electronically for services you receive here in our offices. You may also request a receipt for your FSA/HSA account reimbursement for chiropractic services.

### **Deductibles and Percentage Plans**

Every year on January 1<sup>st</sup> your Health Insurance policy and Medicare deductibles renew. Services provided will be applied to your deductible by the insurance carrier. **We request payment for those services that will be applied to your deductible be paid at the time of visit.** We can provide you with the amounts on each visit until your deductible has been met. If your coverage includes a percentage of the charges to be paid by the patient rather than a set co-pay amount, we will also calculate that amount for you at the time of visit. **Massage therapy is generally not a covered benefit.** We ask that massage charges be paid at the time of service.

### **Medicare Services**

Federal Medicare guidelines indicate that fees for this geographical area range from \$30-60 a visit depending on the complexity of the problem and the number of areas that require spinal adjustments. **X-rays, physical therapy modalities and massage are non-covered expenses by Medicare.** Neither are supports, orthotics or nutritional supplements. We can **not** bill Medicare for these services. You will be provided an ABN (Advance Beneficiary Notice) that is required for all Medicare recipients to sign acknowledging what services are not covered by Medicare. Medicare is billed bi-monthly for those chiropractic services that they recognize for reimbursement. **You will be reimbursed directly from Medicare. All Medicare charges for services are to be paid at the time of visit and we will then process the billings and send them to Medicare for your reimbursement.**

### **Third Party Payors: Automobile Carriers/Workers Compensation Carriers**

We will bill auto carriers if you have 'med-pay' coverage on your auto policy and if your workers compensation carrier has pre-approved treatment. Liens are evaluated on an individual basis. A \$50 Co-pay will be required with each visit if we agree to provide treatment on a lien. **All liens are due ninety days (90) after you are released from care regardless if settlement has been reached. If you have an attorney, please make him/her aware of this policy.**

### **Payment Options**

Most patients come prepared to pay for their services via check or credit card. We can keep your credit card information in a secure location in our system and simply make the appropriate charges without you having to submit the card on each visit if you'd like. **HSA/Flexible Spending Accounts are accepted for payment for services.** Chiropractic care and other prescribed associated costs are usually reimbursable through your plan. If you have forgotten your payment information, we can prepare a statement and an envelope for you to return to us when you get home. Please check with your plan administrator for specific guidelines for your plan.

### **Agreement**

**This agreement is between Sycamore Valley Chiropractic and the patient below. I understand that my insurance is an agreement between my carrier and myself and I am responsible for any non-covered services. I have read this agreement, understand it and agree to abide by its provisions. I can receive a copy upon request.**

x \_\_\_\_\_  
Signature of Patient or responsible party

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date