Performance CHIROPRACTIC℠

Connecting You to Your True Potential℠

Financial Policy

Updated June 2026

Office Policy: If you have insurance that may cover our services, you must produce this information (i.e., insurance card) if you wish us to file for you. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will verify your coverage, policy benefits and limits with your carrier. Verification of benefits by our office does not guarantee that the insurance company will pay your claim. We advise you to know what your policy covers, and to call your insurance carrier(s) with any questions or concerns. Insurance payment is based on terms and conditions of your individual plan. After insurance benefits have been paid, we will provide you with a statement detailing your remaining balance due, if any.

Insurance: Performance Chiropractic, LLC has entered into contractual arrangement(s) with a variety of carriers. If you are covered under one of these plans, and you provide your insurance information to us, the practice will file your claims for you. Very rarely, your plan may require a referral or pre-authorization in order for you to receive benefits. It is your responsibility to obtain referral or pre-authorization prior to receiving chiropractic services when required by your insurance carrier; and to inform us of changes in coverage. If you have Medicare, visit http://performancechiropractic.com/new-patient-forms/ and download the Medicare Quick Guide ("What Will Medicare Pay?"); or request a paper copy at any time.

Patient Payment: You are financially responsible for all fees associated with any non-covered services, deductibles, and co-payments in accordance with the benefits and limitations of your particular policy. Please note that Performance Chiropractic cannot know or track when you approach or exceed reach maximum benefits with your insurance company. If you have any financial concerns, please ask us, and call your insurance carrier.

Claims Filing: We submit claims to insurance carriers on a weekly basis. It usually takes between 2-4 weeks for us to receive EOBs (Explanation Of Benefits) back from your insurance carrier (you may receive your EOB 1-2 weeks before we receive our copy). We then apply insurance payments to corresponding accounts and bill you for any remaining balance. Please note – if all claims are submitted correctly (clean claims) and are improperly denied, we will appeal once. Once we receive denial on the appeal, the balance due becomes your responsibility.

Non-Payment: This office and/or our billing service will do its utmost to provide correct and sufficient information to your insurance carrier to obtain payment for all treatments. We have found that sometimes insurance companies arbitrarily or improperly deny or reduce payment. If your insurance claim is denied, if benefits are reduced, or if there is any failure of insurance to pay for any reason, you are responsible for all remaining charges.

We attempt to minimize surprises by collecting estimated patient responsibility at the time of service. As a courtesy, we may submit claims to your insurance carrier when applicable. Insurance coverage is a contract between you and your insurance company, and you remain ultimately responsible for all charges incurred for services rendered. If insurance processing results in an additional patient balance, we will send you a statement. Payment is due upon receipt and no later than 30 days from the statement date unless other arrangements have been approved by our office. Accounts are not considered delinquent while a properly submitted insurance claim is actively pending, provided the patient has supplied all information reasonably necessary for claim processing. For personal injury and similar third-party liability cases, payment remains the patient's responsibility unless otherwise required by law or agreed to in writing by our office. Any courtesy postponement of collection efforts while a claim is pending does not waive the patient's responsibility for payment.

If payment is not made in accordance with this policy, we may refer the account to a collection agency or attorney for collection. You agree to pay court costs, collection costs, and reasonable attorney's fees actually incurred, to the extent permitted by applicable law. Any interest or late fees will be assessed only as permitted by applicable law. For medical debt subject to Virginia law, no interest or late fees will be charged until at least 90 days after the applicable due date of the final invoice, and any such interest or late fees will not exceed three percent (3%) per annum of the unpaid medical debt. If collection activity becomes necessary, we will comply with all applicable federal and Virginia laws, including any required notices and waiting periods before collection actions are taken.