



## Notice of Discounts

***In an effort to maintain compliance with various state and federal regulations, managed care and preferred provider agreements, as well as billing and coding guidelines, we have adopted the following FINANCIAL POLICIES:***

Our practice has established a single fee schedule that applies to all patients for each service provided.

You may be entitled to a network or contractual discount under the following circumstances:

- If we are a participating provider in your health plan.
- If you are covered by a federal program with a mandated fee schedule, such as Medicare.
- We are a network provider in a Discount Medical Plan Organization (DMPO) that you may join. Patients who are uninsured, or underinsured (limited benefits for chiropractic care), will be entitled to network discounts similar to our insured patients. Membership is \$49 a year and covers you and your dependents. Ask our team for more information about ChiroHealthUSA.
- If you are eligible and choose a pre-payment plan, auto-debit plan, or “prompt payment” option.
- Patients who meet state or federal poverty guidelines or other special circumstances outlined in our “Hardship Policy” may be offered as a discount for a period of time, as determined by the clinic. Verification will be required.

As part of our compliance plan, if applicable, we will verify your insurance benefits and discuss all financial options for your recommended chiropractic care.

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature (or guardian if patient is a minor)

## Receipt of Office & Financial Policies

I acknowledge that I have read and understand the office and financial policies of Flatirons Family Chiropractic. I understand that my insurance coverage is an arrangement between myself and my insurance company, NOT between Flatirons Family Chiropractic and my insurance company. I request that Flatirons Family Chiropractic prepare the customary forms at no charge so that I may obtain insurance benefits.

I understand that if I'm injured on the job or in an automobile accident I am required to pay at the time of service. Flatirons Family Chiropractic does not accept assignment for these cases, unless otherwise determined on a case-by-case basis by the doctor.

I also understand that if my health insurance company does not respond within 60 days, or if I suspend or terminate my schedule of care as recommended by the doctor at Flatirons Family Chiropractic, that fees will be due and payable immediately.

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature (or guardian if patient is a minor)