



At Flatirons Family Chiropractic (FFC), we are committed to providing high quality care & fostering a strong provider-patient relationship with you and your family. In support of that commitment, we are providing you with a clear statement of our office and billing policies, which are listed below. All practice members, parents or legal guardians are asked to sign our policies form indicating receipt of this document.

OFFICE POLICIES

APPOINTMENTS

We value the time we have set aside to see you. If you are not able to keep an appointment, we would appreciate 24-hour notice. This allows us to offer your cancelled time to other practice members that desire to get their care completed. If you are more than 5 minutes late for your appointment, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment. If a patient misses an appointment without contacting our office, it is considered a "missed" or "no show" appointment. **The first missed appointment is forgiven, the second thereafter you will be charged a \$25.00 fee if reasonable effort is not made to reschedule the appointment within 24 hours.** Additionally, if you miss more than **3** appointments FFC reserves the right to dismiss you from the practice for failing to follow treatment recommendations.

DISMISSAL FROM PRACTICE

FFC reserves the right to dismiss patients from our practice for, but not limited to, non-payment, excessive missed appointments and non-compliance of care plans. If you have an established history of non-payment on your account, you may be eligible for dismissal. We will send you an official letter informing you that you have been discharged as a patient in our practice and provide you with a list of three other chiropractors in the area.

FINANCIAL POLICIES

Healthcare billing through insurance companies can be complex. Chiropractic care is covered differently under many insurance plans. Currently, we are ONLY in-network with United Health Care and Medicare. **Regardless of your coverage, we'll suggest the chiropractic care we think you need. Our recommendations are based on a desire to see you get well and stay well.**

PORTION DUE AT TIME OF SERVICE

If you have insurance coverage, all co-pays, co-insurance and deductibles are due at the time of service. Payment in full is due from self-pay patients at the time of service, unless other arrangements have been made with us. FFC reserves the right to charge a "re-billing" fee for the amounts that are due, but not paid, at the time of service. We accept cash, check, credit card, and HAS cards.

WORKERS COMPENSATION & PERSONAL INJURY (Automobile Accidents)

If you have been injured on the job or in an automobile accident, we will treat you, but you are required to pay at the time of service. We do not accept assignment for these cases, unless otherwise determined on a case-by-case basis by the doctor. You can submit your claims and may be reimbursed by your insurance carrier.



GROUP OR INDIVIDUAL INSURANCE

Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. As a courtesy, we may verify your insurance; however, the **benefits quoted to us by your insurance company are not a guarantee of payment**. You may also pay the full amount due each day thereby qualifying for our 'Time of Service' reduction in fees. You may then submit the bill to your insurance carrier for reimbursement. For out-of-network plans, we can provide you with a superbill that you can submit for reimbursement or apply towards your plan's deductible.

MEDICARE

The doctor is a participating provider so we do accept assignment from Medicare. **Medicare ONLY covers manual manipulation of the spine for acute care. Medicare pays 80% of the allowable fee once the deductible has been met.** Unless you have a secondary insurance plan, you are required to pay the deductible & the remaining 20%. All other services we provide are NON-COVERED. These services include, but are not limited to, wellness/chronic maintenance care, examinations, therapies, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

INSURANCE FORMS/PAYMENT

If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of more information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible. Occasionally, either by mistake, or due to provisions in your policy, the check issued by the insurance company for payment of services rendered in our office, may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

STATEMENTS

Account statements will be sent (via mail and email) on a monthly basis for accounts that have balances. Statements will show both patient (private) and insurance (pending) amounts owing. Private balances are due upon receipt of monthly statements. It is your responsibility to provide FFC with your correct address and phone numbers. If a statement is returned for invalid address, your account may be sent to an outside collection agency. (See dismissal section)

CREDITS

Patient credit balances will first be applied to current and/or past due balances, including those which may have been written off as bad debt or sent to an outside collection agency.

COLLECTIONS

Your account may be sent to collections for, but are not limited to, invalid patient contact information that prevents us from contacting you regarding your account, failure to provide timely and accurate insurance information, and/or failure to pay balances.