

FINANCIAL POLICY **GROUP OR INDIVIDUAL INSURANCE**

When possible, we will call to verify benefits on your insurance; however, the benefits guoted to us by your insurance company are not a guarantee of payment and are only an estimate. Patients are fully responsible for payment of any noncovered services, deductibles, and co-pays. **SECONDARY INSURANCE**

Please inform us of any secondary insurance you may have. We will bill your secondary health insurance plan as well. **MEDICARE**

We do accept assignment from Medicare. The services Medicare will cover for Chiropractors is ONLY manual manipulation of the spine. All other services we provide are NON-COVERED. There services include, but are not limited to, x-rays, examinations, therapies, orthotics, 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.

ON THE JOB INJURY (Worker's Compensation)

If you are injured on the job, your care should be paid for under your employer's Worker's Compensation insurance. You will need to inform your employer of the accident and obtain the name and address of the carrier of their insurance. If your employer does not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately.

PERSONAL INJURY/ AUTOMOBILE **ACCIDENTS**

Please notify your auto insurance carrier of your visit to our office immediately. We will bill your med-pay auto insurance. Notify our insurance department immediately if an attorney is representing you. However, you are ultimately responsible for your bill. Once the claim is settled or if you suspend or terminate care, any fees and services are due immediately.

PATIENTS WITHOUT INSURANCE

Patient is responsible for 100% of charges from each visit at the time of service. Our office offers CareCredit as an alternative payment plan. Ask receptionist for more information if this applies to vou.

FEES

Regular Chiropractic care fees will include: an exam, x-rays, and spinal adjustments. Additional fees may apply based off doctors discretion and may include: extra spinal or extremity adjustments, traction, manual therapy, strapping, laser, and exercises.

Payment of Account/Credit Guarantee

Payment is expected at the time of service. If your account has a balance, you will receive a statement in the mail. Payment, in full, is expected within 30 day. If your account becomes 120 days past due and no payment arrangements have been made, the account will be turned over to collections. All accounts 60 days past due from the last posted insurance payment will be assessed a 21% finance charge, with a minimum monthly charge of \$2.00.

I have read and understand the payment policy of Ogata Chiropractic. I understand that my insurance is ١y at tic

an arrangement between myself and my insurance co insurance company. I request that Ogata Chiropractic I may obtain insurance benefits. I also understand tha days, or if I suspend or terminate my schedule of care that fees will be due and payable immediately. I under	prepare the customary t if my insurance does reas prescribed by the do stand that if I do not give	forms at no charge so the not respond within 60 octor at Ogata Chiroprac
my scheduled appointment time, I may be billed for m	y scheduled services.	
Patient's Signature (or guardian if patient is a minor)	Date	Witness