

## 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.

We primarily take cash and personal checks as forms of payment. We do accept credit card payments; however, our credit card service provider charges a nominal 3.75% convenience fee for using credit cards. The fee is based on total amount charged. For patients using personal checks there is a \$25 fee (per check) for any checks that have been presented as payment for services provided and have been returned by the issuing bank for insufficient funds. We will notify you by phone if any checks are returned. Payment will be required during your next visit to the office.

*I have read and understand the payment policy of Healing Touch Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Healing Touch Chiropractic and my insurance company. I request that Healing Touch Chiropractic prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctors at Healing Touch Chiropractic that fees will be due and payable immediately.*

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

\_\_\_\_\_  
Date

## SPECIAL PAYMENT INSTRUCTIONS

Patient's Name: \_\_\_\_\_

We have verified your benefits and while your insurance company did not guarantee payment, they stated that you have a \$\_\_\_\_\_ deductible, Additionally, your insurance co-pay/co-ins is \$ \_\_\_\_ or \_\_\_\_% and is due by you each visit.



HEALING TOUCH  
CHIROPRACTIC  
IT'S TIME TO FEEL HEALTHY

## FINANCIAL POLICY

**Our recommendations are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. Regardless of your coverage, we'll suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.**

**Health Insurance**

## PATIENTS WITHOUT INSURANCE

Patients paying out of pocket will receive a TOS discount of 18%. We request that 100% of the first visit be paid at the time of the visit. If needed, we will arrange a payment plan for future visits within your treatment plan. We are happy to accept your check and most credit cards including Care Credit. If my account becomes assigned to a collection agency, I agree to pay a collection agency fee of 25%, court costs, and attorney fees. I understand that all accounts with a balance over 30 days will be assessed a 1.5% late charge, per month on the unpaid monthly balance.

## GROUP OR INDIVIDUAL INSURANCE

**Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. Most insurance will only cover your care until MAXIMUM MEDICAL IMPROVEMENT has been reached as stated in the Medicare Guidelines in which most insurance companies base their decisions on.** 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. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company to help you collect. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays. 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.

## “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.

## CIGNA INSURANCE

Even though we are in network with Cigna, they choose not to participate in your entire care plan. **They will only offer coverage for the first 5 visits per year during an active care plan** before requiring our office to submit a medical necessity report which we will do within 180 days as per contracted. It is expected that they will issue an adverse response telling us they won’t cover

your entire active care plan. They also will not cover extremity adjustments unless they are completed on a day separate from your spinal adjustment. Please note each extremity adjustment is an additional \$35 on top of your co-pay.

## PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Please present your auto insurance card, your health insurance card, and tell us if you have retained an attorney. There are four options available to the PI patient:

1. Pay cash for your care and we will submit reports whenever necessary.
2. We will bill (accept assignment) from the Med Pay portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor’s Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.
4. We will bill your standard health insurance plan and you will be responsible for all co-pays and deductibles as they are incurred.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to three months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

## MEDICARE

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is **ONLY** manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are **NON-COVERED**. These 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.

## SECONDARY INSURANCE

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.