



# O'Hara Family Chiropractic

## FINANCIAL POLICY

At O'Hara Family Chiropractic, we believe all patients who receive care at our office deserve the best medical care possible. The following is provided to help you understand your financial responsibilities, as well as the policies and procedures of O'Hara Family Chiropractic. Please read, sign, and date this agreement on the last page to indicate that you accept these terms.

### INSURANCE COVERAGE

It is your responsibility to provide accurate insurance information at the time services are rendered. Our office policy is to request your insurance card at every visit to guarantee that our office always has the correct information.

We will submit claims to your insurance carrier on your behalf; it is your responsibility to verify benefits under your plan. **Your insurance policy is a contract between you and your insurance company.** We will not become involved in disputes between you and your insurance carrier. We do provide your insurance carrier with information regarding diagnosis and treatment. We do not get involved in such matters as deductibles, copayments, coinsurance, and non-covered charges. If you have questions about the insurance coverage or payment, please contact your insurance carrier, not O'Hara Family Chiropractic. **If your insurance carrier does not provide payment within 40-60 days after treatment, you will be responsible for payment.** You are responsible for timely payment on your account.

Our insurance contracts require us to collect all copays at the time of service. Failure to collect applicable copays put both of us in default of the insurance contract. The parent or guardian accompanying the patient is responsible for copayments and non-covered services at the time of service. **If the copay is not received within seven business days of the initial service date, a \$10 administrative service fee for processing your copayment after your visit may be added to your account.**

Once your insurance company has processed your claim, our business staff will post any payment it receives to your account. For every charge submitted, the insurance company issues an Explanation of Benefits (EOB) to the policyholder and O'Hara Family Chiropractic. If you have a balance on your account, we will send you a monthly statement. Unless other arrangements are approved in writing, the balance on the statement is due and payable when the statement is issued and is considered past due if not paid within 30 days of issuance. If you have questions regarding the coverage or payment from your insurance carrier, please call them with any questions.

### CHANGE OF INSURANCE/ADDRESS

Please notify O'Hara Family Chiropractic of all insurance and address changes as soon as possible. The responsible party (parent or legal guardian) is responsible for all charges not paid due to a change in insurance coverage.

## **PAYMENT OPTIONS**

Our office accepts cash, checks, credit/debit, or Zelle payments. Checks returned unpaid by your bank, regardless of the reason, will be posted back to your account in the original amount of the check in addition to a \$25 returned check fee. Once we have a returned check, we may require all future payments to be made in a different form.

## **UNINSURED/SELF-PAY ACCOUNTS**

We offer a discount to all self-pay accounts. Payments must be made on the date of service. If you do not make payments on the service date, full prices may be applied to that visit.

## **PARENTAL DIVORCE**

The parent who carries the insurance will be responsible for all uncovered services unless O'Hara Family Chiropractic receives a court order or letter stating otherwise from the party requesting financial designation. The parent or guardian accompanying the patient is responsible for providing O'Hara Family Chiropractic with both parents' current demographic and contact information. If the demographic information for the parent responsible for the insurance cannot be provided, the other parent/guardian will become the responsible parent until proper information is received. The parent accompanying the child to the visit will be responsible for copays unless otherwise stated by court order or written agreement by both parties. You will be responsible for the charges accrued by minor children (under age 18) who come into the office unaccompanied or in the presence of another caregiver (i.e. grandparents, babysitter, etc.)

## **MEDICAL RECORDS**

Copies of medical records are available to the patient or authorized representative for a fee as allowed by law. You will need to complete the authorization to release records form, which can be obtained from our office. This form must be completed in its entirety to process the request. Please allow two weeks lead time for records. All patient account balances should be paid in full before records are transferred. Your first set of medical records is processed at no charge. If an additional set is required, you will be charged the allowed fee by the state of Illinois.

## **ASSIGNMENT OF BENEFITS**

I hereby authorize and direct my insurance carrier(s), private, and any other health/medical plan to issue payment check(s) directly to O'Hara Family Chiropractic for medical services rendered to me or my dependents, regardless of my insurance benefits, if any. I understand I am responsible for any amount not covered by insurance or this assignment.

## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize O'Hara Family Chiropractic to (1) release any information necessary to insurance carriers regarding my dependent's illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to process insurance claims for all services provided to me by O'Hara Family Chiropractic.

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Sign and date

O'Hara Family Chiropractic Representative