



Waccamaw

Chiropractic & Wellness Center

Financial Policy

Thank you for choosing our practice for your healthcare needs. We believe that establishing a sound financial policy is mutually beneficial for both our practice and our patients. It is our goal to avoid any miscommunications or concerns regarding financial matters so that we can focus on what is truly important, providing quality healthcare to our patients and helping them feel better. Our financial policy is as follows:

1. **Payment-** payment is expected at the time of service.
2. **Insurance-**
 - a. We are in-network providers for many insurance companies including: BCBS, Aetna, UnitedHealth, Cigna, Optum, Blue Choice, and Medicare.
 - b. We will file your insurance claims as long as you provide us with your current insurance information. It is your responsibility to keep us informed of any changes in your insurance information. You are ultimately responsible for understanding the details of your insurance coverage and what charges you may incur.
 - c. If your insurance plan does not pay claims or otherwise respond to us within 60 days of a filed insurance claim, the charges will be sent to you to follow up on and you will be responsible for payment.
3. **Medicare patients-** If you have Medicare or a Medicare replacement policy in effect, you will be required to sign an Advanced Beneficiary Notification (ABN) outlining the services that Medicare deems are not medically necessary. Payment for non-covered services will be your responsibility.
4. **Minor Children-**
 - a. Minor children must be accompanied by a parent or legal guardian.
 - b. Charges for services rendered to minor children are the responsibility of the parent who is authorizing treatment for the minor.
5. **Prepaid Payment Plans-**
 - a. We offer a variety of prepaid plans to accommodate the health needs of patients who are without insurance.
6. **Restricted Service-** Account balances are to be paid in full prior to receiving additional services. Any payment plans on outstanding balances must be cleared by the Financial Coordinator.
7. **Automobile Accidents/Personal Injury-** It is our policy to accept auto accidents/personal injury for established patients only. If you have been involved in an auto accident, payment for all services will need to be made at the time of service. If you have obtained the services of an attorney, your attorney will need to provide us with a Letter of Protection prior to our agreeing to submit claims to a settlement on your behalf. Until a Letter of Protection is secured, payment will need to be made by the patient at the time of service. Once the claim is settled or you terminate care with us, any fees for services are due immediately.
8. **Massage Cancellation Policy-** Massages cancelled with less than 24-hour notice, or no-shows, will result in a \$50 fee.

It is our hope that the above financial policy will allow us to provide quality, affordable care to our patients. If you have any questions or need clarification on these policies, please do not hesitate to contact our financial coordinator.

I have read, understand, and agree to the above Financial Policy. I understand that all charges are ultimately my responsibility.

Patient Printed Name

Date

Signature (patient or authorized guardian)

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