

Ross Chiropractic Center

FINANCIAL POLICY

565 N. Magnolia Ave. El Cajon, CA 92020

The following is an explanation of our clinic policy. We believe that a clear definition of our policy will allow us both to concentrate on the big issue—re establishing, retaining and maintaining your health. We will be happy to answer any questions you have regarding our policy, your account and your insurance coverage.

Payments

At Ross Chiropractic Center your health care needs are our primary concern. We do not want finances to get in the way of you getting the health care that you need. Policies are in place in an attempt to assist you in meeting your financial obligations without increasing stress in your life.

- If you do not have insurance ALL payments are expected at the time of service. Prepayments are also allowed.
- If you have insurance **ALL COPAYS & CO-INSURANCE** are due at time of service.
- There will be potential of your account being sent to a collection agency for balances over 90 days after all efforts to collect payment have been exhausted – this is only if arrangements have not been made with our office. – This can affect your credit.
- There will be a \$25.00 charge on all returned checks.
- If you need any additional documentation other than a receipt please feel free to ask the front desk as we are able to provide that to you at no additional charge.

Insurance Coverage

Our fees are considered usual, customary and reasonable by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard of care in this area. If your carrier has not paid a claim within sixty (90) days of submission, you agree to take an active part in the recovery of your claim. If your insurance carrier has not paid within ninety (120) days of submission, you accept responsibility for payment in full of any outstanding balance.

- Please note – we do our best to verify your insurance and coverage, however, verification is not a guarantee of benefit or payment. The information provided to us can change upon receipt of the EOB. We do our best to let you know of any changes as soon as we find out.

Personal Injury / Lien / Med Pay / Auto Injury

We are happy to accept a lien between you and an attorney. If you are not represented by an attorney, we may be able to refer one to you. If at any point you are no longer represented by your attorney, your bill is due and payable at that time. If you do not want to be represented and do not have chiropractic health care coverage, we have payment plans available so that you may receive the treatment you need to feel better and get you back on the road to recovery.

All balances are the responsibility of the patient and/or guardian.

_____ (initial) I understand and agree to the above

Patient's Printed Name: _____

Date: _____

Signature: _____

Witness: _____