Chiropractic Whole Health
3413 Sullivan Trail ▲ Easton, PA 18040
Phone 610-438-2015 ▲ Fax 610-438-2016

Our Financial Policy and How it works for you

Thank you for choosing Chiropractic Whole Health for your chiropractic care. We are committed to providing you with the highest quality healthcare, and the best use of your healthcare benefits. We ask that you read, initial and sign this form to acknowledge your understanding of our patient financial policies.

Payment is due at the time of service, so please make arrangements to pay when you arrive for your appointments.

_____ (initial) I will not be using insurance and will be a cash patient. I understand there is a time-of-service discount because I am a cash patient.

Or

_____ (initial) I authorize to bill my insurance company for services rendered.

OUR FINANCIAL POLICY	
_____ Initial _____ N/A Initial	**Insurance:** Your insurance policy is a contract between you and your insurance company. It is your responsibility to know and understand your insurance coverage. If there are any disputes of benefit coverage, it is your responsibility to contact your insurance company. As a courtesy we will call to verify your insurance benefits; however, the benefits quoted to us by your insurance company are not a guarantee of payment. Your insurance pays for treatment which they determine to be "reasonable and necessary" and your insurance may place a dollar or visit limit on your chiropractic visits. In the event your treatment is denied on the basis that it is not "reasonable and necessary" or you exceed your limits, you are still responsible for your balance. **Finally,** we cannot guarantee that treatment will always improve your condition.
_____ Initial _____ N/A Initial	**Insurance Claims:** Our office will file claims with your health plan upon your submission of proof of insurance (i.e., insurance card indicating coverage, identification number and group number and a photo ID**.**) Our billing office will make every effort to ensure that claims are promptly and correctly processed. ***Secondary Insurance*** – Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days of us filing the secondary claim we may transfer financial responsibility to the patient and the balance will be due upon receipt. If you have a secondary insurance, we ask that you activate **"Crossover"** so claims are forwarded.
_____ Initial	**Referrals –** Some insurers require written referrals. It is your responsibility to understand your insurance plan requirements and ensure that the proper referral is obtained by the day of the appointment. Failure to do so may result in denial of the claim, and a balance due for that service.
_____ Initial	**Missed Appointments –** We require a notice of cancellations 12 hours in advance for all scheduled Chiropractic or Massage appointments. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance or on short notice: **a missed appointment fee of $45.00 will be applied.**
_____ Initial	**Payments:** Patient co-pays are expected at the time of service and any remaining coinsurance, deductibles and non-covered items are due in full within 30 days from receipt of billing. A patient account balance must not exceed $150.00. If your account exceeds this limit then a payment to reduce the balance below $150.00 must be made prior to your next appointment.
_____ Initial	**Past Due Balances:** Non-payment of accounts will result in referral to an outside collection agency that could impact the patient's credit record. Legal fees and collection costs incurred to collect outstanding accounts will also be the patient's responsibility.
_____ Initial	**Maintenance Care**: It is the goal of this office to provide the finest quality chiropractic care possible. However, insurance policies accommodate only symptomatic care and corrective care. They do not cover "maintenance" care. Care beyond correction of posture or symptomatic care is frequently considered "maintenance" by insurers. **Care that is scheduled once a month is also frequently considered maintenance by insurers and might not be covered by insurance.**

I am fully aware that having health insurance does not absolve me of my responsibility to ensure that my bills for professional services from my healthcare provider are paid in full. I also understand that I am responsible for all amounts not covered by my health insurance, including co-payments, co-insurance, and deductibles. **Results are not guaranteed!**

Patient Signature: _____Date _____