

DZIURA CHIROPRACTIC CENTER
OUR INSURANCE AND FINANCIAL POLICY

1. We will accept your qualified commercial insurance as part of full payment for covered services in our office. The privilege of insurance assignment begins when your insurance information is received by our office. Once our insurance department has qualified what your deductible and /or percentage of co-payment is, we will bill your insurance company directly for covered services. Your obligation will be to pay your deductible and/or your co-payments. For example, if your insurance has a \$200.00 unmet deductible and they pay 80% of your care; you will pay the first \$200.00 and 20% thereafter for all covered services. This policy applies only to assignable commercial insurance. If this office files insurance for you, Federal Trade Commission requires verification of Identity with a Legal Photo Identification (example: Drivers License or passport).
2. HMO's and other preferred provider insurance are billed directly to the carrier for covered services. Usually there is a co-payment that must be made for each visit. There is usually a limit of the number of visits they will pay. We will make our best efforts to inform you of the limits, if any, so that you can make arrangements for payment should you need care outside of your policy's coverage/treatment planning parameters. Some HMO plans require a primary care physician referral. This must be obtained prior to the first visit or may result in a denial of payment from the insurance company and would then be the patient's responsibility.
3. Medicare is a government-administered program. The only service that is reimbursable is the spinal adjustment. All other services are **not** covered, including the examination, x-ray, physical therapy and supplies. You must pay for care at the time of service for non-covered services.
4. Cash patients will be informed of their estimated costs of care. Patients may choose from a variety of payment options such as paying by cash or credit card. Special payment plans are available and will be discussed with you.
5. Personal Injury Auto Accident cases, when fully qualified by our insurance department, are billed directly to the insurance carrier for covered services. Only qualified cases will be accepted on an assigned basis. If you have retained an attorney, their office must supply us with a letter of protection of our fees acceptable to our office. We rely on your attorney to pay for all services not covered by insurance together with accrued interest. You will be expected to make regular payments to your balance.
6. Workers' Compensation cases are billed to your company or its insurance carrier when qualified.
7. In order to keep your costs down; we do not bill patients for care. All patients must pay for their obligation at the time of service unless other arrangements have been accepted by our office.
8. Unpaid balances will be subject to a 10% per annum finance charge.
9. Please note there is a \$25.00 charge for all returned checks.

ASKING US FOR HELP:

1. It is our office policy that you contact your insurance company for any dispute. We will help you in any way we are able.
2. Remember: When you call your insurance carrier, note the date and time you called and whom you spoke with. Occasionally, inaccurate information is given to you. If you do not have the person's name you spoke with, a delay in resolution may result.

Date: _____ Signature: _____

By initialing this statement, the patient understands and agrees that he/she will be responsible for payment of non-covered and/or denied services by his/her managed care insurance carrier. Initialed _____