

Red Rock Chiropractic Center

Financial Policy

Thank you for choosing Red Rock Chiropractic Center for your healthcare needs. We are committed to providing you with the best possible care. In an effort to ensure the billing process goes as smoothly as possible it is important that you understand our office policies. We are happy to discuss any questions you may have. Please keep a copy of this policy for your records.

PLEASE CHECK THE APPROPRIATE BOX BELOW INDICATING YOUR METHOD OF PAYMENT.

- NON-INSURANCE (Cash/Private Pay)
 - A time-of-service bookkeeping discount is offered, but you **MUST** pay your bill at the time of service. If payment is not made at the time of service you forfeit the time-of-service discount and will be charged full price.
 - A receipt is available upon request.
- INSURANCE: CHECK ONE
 - HEALTH (Major Medical, Medicare, Medical Assistance, Blue Plus, UCare):
 - We can bill your insurance company as a courtesy to you.
 - Insurance will be filed for anyone who presents an insurance card or other information needed to file a claim.
 - YOU are responsible for any portion of your bill which is left unpaid by your insurance.
 - Non-covered services, deductibles, co-pays, and co-insurance must be paid at the time of service.
 - There will be verification of coverage; however, benefits quoted are not a guarantee of payment. Benefits are determined at time of claims processing.
 - In the event that your insurance pays more than what was originally thought, we will send you a refund check or apply the credit to your account for future visits.
 - Medicare will only pay for adjustments to the spine. Any other treatment received will be the patient's responsibility. We do offer a time-of-service discount for these non-covered services.
 - Medical Assistance, Blue Plus, and UCare will only pay for adjustments to the spine and spinal x-rays. Any other treatment received will be the patient's responsibility. You are allowed 12 visits per year. We do offer a time-of-service discount for these non-covered services.
 - AFLAC/COMBINED/OTHER INJURY POLICY
 - We will file these for you after you submit your completed portion with personal and accident information. These policies pay you directly. As a courtesy to you, we have these forms on our website or in-office.
 - AUTO:
 - You are responsible for giving us the **claim number, insurance carrier, adjuster's name & phone number, and date of injury** of your case and filling out all needed data in order for us to file your claim. There are forms on our website or available in our office that can assist you in getting this information.
 - If your claim is denied, you will be responsible for payment in full.
 - WORK COMP:
 - You are responsible for giving us the **claim number, insurance carrier, adjuster's name & phone number, and date of injury** of your case and filling out all needed data in order for us to file your claim. There are forms on our website or available in our office that can assist you in getting this information.
 - If your claim is denied, you will be responsible for payment in full.

Updating Personal Information

- You need to update your personal information file every time your information changes so we can keep your data as current as possible.

Additional Payment Information

- We accept the following types of payment: cash, check, MasterCard, Visa, American Express, Visa, and CareCredit.
- Checks returned due to non-sufficient funds (NSF) will be assessed a \$25.00 charge. After two NSFs, checks will no longer be accepted as a method of payment.
- Payments must be made on a regular basis, at least one payment each month.
- A late fee of (\$10) will be charged for each month no payment is made.
- Finance charges (18% annually, \$1.00 minimum) will be added to unpaid balances after 30 days.
- In the event that a patient stops making payment on his/her outstanding balance for longer than 45 days, he/she will be considered as having a delinquent account and may be dismissed from the practice. Before patients with delinquent accounts will be allowed to return for care, they must pay their entire balance in full. Patients who have had delinquent accounts in the past may be required to pay for future visits "up-front," in cash.
- If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency (90 days past due), you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs.
- Patients and their family will not be allowed to accrue more than a \$300.00 total personal balance.

I am acknowledging that I understand the above policies and that I have a method of payment for all services rendered at each visit.

Signature of responsible party

Date