

Medicare Policy

BY AN ACT OF CONGRESS, CHIROPRACTIC CARE IS INCLUDED IN THE MEDICARE COVERAGE PROVIDED FOR OUR SENIOR AMERICANS. However, coverage is somewhat limited. We do now accept assignment. This means that Medicare will send their check directly to the doctor for payment of the services they will cover in our office. The patient shall be expected to take care of any deductible payments as treated, or at least on a weekly basis. We **do not** guarantee that Medicare will pay for all the services that we feel may be necessary in your case. Our office will file your claims to Medicare on a monthly basis.

PLEASE NOTE!!

If at any time during the course of your care in our office you have an 'on the job' injury, or a car accident of any type -- tell the receptionist on your NEXT visit as soon as you come in. This is very important since it can affect your reimbursement opportunity.

.....
I have read and understand this Financial Policy.

Patient/Guarantor Date

Witness Date

Got a Complaint?

Tell Us!

Feel Better?

Tell Others!

We thank you for
your referrals of
those you care about!

**FINANCIAL
POLICY**



Mefford Chiropractic Center

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MEFFORD CHIROPRACTIC CENTER
FINANCIAL POLICY

Patients without insurance

All payments are expected at the time of service or at the end of each week.

Patient balances may not exceed \$150 at any time or services may be suspended unless other payment arrangements have been made with our office manager. MasterCard or VISA or Discover Card may be used for payment. Finance charges of 1.5% per month may be added after thirty days of non-payment. Ask about our greatly reduced fees for "Payment at time of Service" (PATOS).

Patients with Insurance

Deductibles and all co-payments are expected at the time of service or at the end of each week. Your co-insurance balance may not exceed \$150 or professional care may be suspended. Deductible may be satisfied with MasterCard or VISA. Finance charges may be applied after thirty days.

A. The *privilege* of insurance assignment begins when your insurance forms are received by our office.

B. All deductible **MUST** be made prior to insurance submittal.

C. Our office will qualify your insurance coverage in an effort to help you determine exactly what chiropractic coverage is available to you under your policy.

D. It is our policy that **33% the total bill be paid** as you go, regardless of the percentage of your deductible. All co-payments (deductible) are payable when service is rendered or at the end of each week. (Co-payment is that part of our service that is not paid by your insurance). Refunds will be issued on accounts with credit.

E. This office does not file for or

accept co-payment from secondary insurance carriers, but will be happy to assist you in collecting from the secondary carrier. There is a \$5 dollar clerical fee for each additional insurance filed.

F. Since we do not own your policy, and since from time to time we experience difficulty in collecting from insurance companies, ... and since insurance assignment is a privilege, it may be terminated at any time. Of course, we will give you ample notice and ask that you act in your own behalf with your insurance company.

G. All patients whose office visit schedule is once per month (or longer) will not be eligible for insurance assignment. Charges for services rendered will again be due as they are rendered. Of course, we will continue to assist you in collecting from your insurance company.

H. **This office does not promise that an insurance company will pay for the usual and customary charges of this office, nor will this office enter into any dispute with an insurance company over reimbursement or the amount of reimbursement.**

I. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately due and payable in full by you, regardless of any claims submitted.

J. When making a health care decision, it is important to remember that you, the patient, are ultimately financially responsible for any services rendered.

K. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. ***We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.***

Personal Injury Cases
(Auto Accidents/Slip and Fall, etc.)

Our policy with regards to cases of this type is as follows: In order to receive payment deferred care (this means that we will wait for payment from **your** insurance company) one of the two following criteria must be met:

1. You must have Medical Payments with your current auto insurance carrier **that will be billed regardless of who is at fault in the accident.**

OR

2. Private health insurance with a chiropractic benefit (most health insurance will have some kind of chiropractic benefit but, not all services performed are covered). If this is the case then you are responsible for those services that are not covered (please read the previous section on insurance).

If these criteria are not met then payment will be expected at the time of service. We will bill the insurance company and attorney (if involved) for you at no additional charge. If any reports, records or additional information is requested from the attorney or insurance company, additional fees may be applied and payment expected in full by you the patient.

Remember, you are 100 % responsible for payment of your care and services rendered in this office.

I have read and understand the previous statements and by placing my initials below, I agree to comply with this policy of Mefford Chiropractic Center, Ltd.

Patient Initials _____

Date: _____