



Patient Name \_\_\_\_\_

**Davis Chiropractic Financial Policy & Authorization**

Thank you for choosing Davis Chiropractic as your health care provider. We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to help achieve that goal. Please understand that payment of your bill is considered a part of your treatment. To make our services available to as many patients as possible, we have adopted the following Financial Policy which we require you to read carefully, initial where indicated, and sign prior to any treatment.

Authorization: I authorize Davis Chiropractic to release medical information that may be necessary to request reimbursement from insurance companies, adjusters or attorneys involved in this case by the doctor or designated staff. I understand that my health records will be used for treatment purposes, billing purposes and internally as part of my health care. I understand that Davis Chiropractic has the right to change their privacy practices and that I may obtain a copy of these changes when requested. Please see Davis Chiropractic’s Notice of Privacy Practices for additional details regarding your rights as a patient. I assign all health care benefits to which I am entitled to Davis Chiropractic. This assignment is irrevocable. A photocopy of this assignment is to be considered as valid as the original. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES REGARDLESS OF MY INSURANCE BENEFITS.

\_\_\_\_\_ INITIAL

To all patients: Our office has established a single fee schedule that applies to all patients for each service provided.

- You assume all financial responsibility for the care given, whether or not an insurance company is involved.
- We accept CASH, CHECKS OR VISA/ MASTERCARD.
- We will carry no personal balances
- Parents or Guardians are responsible for a minor’s payment.

**ChiroHealthUSA**

If you do not have health insurance coverage or have limited coverage for chiropractic care in our practice, you may join ChiroHealthUSA and be entitled to discounts. Membership for you and the rest of your household is \$49 per year.

I want to sign up for ChiroHealthUSA \_\_\_\_\_ INITIAL

I do not want to sign up for ChiroHealthUSA \_\_\_\_\_ INITIAL

To patients using health insurance: For your convenience, we accept most forms of insurance for coverage of services at our office. We are members of many PPO plans. These plans frequently change and usually have limits and/ or maximum allowed charges on Chiropractic treatment and services. There may be limits on the number of visits your insurance will cover per year/ or per injury. **KNOW YOUR PLAN BENEFITS; YOU ARE RESPONSIBLE FOR PAYMENT REGARDLESS OF YOUR INSURANCE BENEFITS.** If your plan does have limits or maximums you will be expected to pay at the time of service when you reach these limits. You need to be aware if you have had any previous chiropractic treatment as this will count toward the total visits for benefits.

\_\_\_\_\_ INITIAL

We will gladly bill your insurance and verify your coverage for you as a courtesy. **However, insurance companies will only provide us with a limited amount of information and always state that the verification of coverage is NOT a guarantee of payment.** Please understand that it is against our office Policy and Procedures to write off your deductible or your co-pay.

\_\_\_\_\_ INITIAL

Please be aware that your insurance company may not cover all of our services. While we do our best to verify your coverage, there may be some details your insurance company will not inform us of in the verification process. This is an area of which we have no influence as your insurance policy is a contract between you and your insurance company. Services and good may not be covered such as, visits, nutrition counseling, vitamins, orthopedic supports and physiotherapies such as: ultrasounds, muscle stimulation, Cold laser, diathermy or treatments of extremities (feet, toes, ankles, knees, hips, hands, fingers, wrists, elbows, shoulders and jaws.) If you have any questions regarding your coverage for these services, please call your insurance company for clarification.

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To Medicare Patients: Medicare Part B also covers chiropractic care. Be aware that there are restrictions and requirements that are specific to this government sponsored program. We are a participating provider of the Medicare program. Patients are responsible for meeting their \$183 deductible and paying for the 20% co-payment at the time of service. Reimbursements for chiropractic services are limited to chiropractic adjustments of the spine. Medicare will not pay for any examinations, X-rays, or therapies when performed by a chiropractor. Any balances due for services not covered by Medicare are expected at the time of service. We do file with most secondary/ supplemental carriers. You are responsible for any charges not covered by your

insurance or Medicare. An Advice of Beneficiary Notice (ABN) will be provided notifying you of your rights and obligations at the time of service.

\_\_\_\_\_ INITIAL

Please sign that you have read and agree with the above Authorization and Financial Policy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date