

Financial Policy
All American Chiropractic Health Center
Jessie Smith, D.C.
(Please read carefully and sign)

To avoid any misunderstanding or embarrassment All American Chiropractic, Jessie Smith, D.C. provides the following financial policy.

All accounts are due and payable upon receipt of a statement unless other arrangements are made at the time of service.

Insurance Coverage:

Your insurance is a contract between you and your insurance company. This office is not a party to that contract. For your convenience, we will be happy to submit your services to your insurance company. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services which they will not cover, such as supplements, attending, progress or final reports which are requested by the insurance company for claims processing or other specific services.

We must emphasize that as a Chiropractic care provider, our relationship is with you, the patient, **NOT** with your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Insurance is not a substitute for paying the Doctor.

Insurance carriers are required to process claims within 30 days of receipt per recent Idaho 2022 legislation. Agreements and contracts can vary between insurers and change periodically over time with or without due notice. For the most accurate and up to date information, we recommend that you contact your insurer directly.

- 1). **Deductibles:** Deductibles are the amount required by the insurer to extend benefits to a patient. Deductibles are the sole responsibility of the patient.
- 2). **Co-Payments:** Co-payments are the amount required at the time of service for services received by patient. Co-payments must be collected. We cannot waive co-payments for any reason.
- 3). **Co-Insurance:** Co-insurance is the amount the patient is required to pay for health care services. For example, if coverage is 80%/20%, the insurer would pay 80% of the contracted rate with the patient paying 20% of the contracted rate. We cannot waive co-insurance for any reason.

Non-Covered Services:

Periodically, treatment plans may consist of non-covered services either by patient request or by medical necessity. Your plan specifically dictates coverage. We will verify benefits and notify patients of covered and non-covered services involved in their treatment plan; however, it is ultimately up to the patient to be aware of coverage limits, covered services, non-covered services and other stipulations within their contract. Patients can refuse a covered or non-covered service. Patients will be billed accordingly for services that are not covered by insurance and determined as patient responsibility.

Work Comp:

- If you are involved in a work-related injury, your employer is responsible for the cost of your care. You are responsible for providing our office with the necessary information to assist us with the claims processing to your employer's insurance company.
- You will not receive a statement once the insurance carrier/employer has accepted the claim. You will only be responsible for any non-covered services.

Auto Personal Injury:

- If you are injured in a motor vehicle accident, we will submit claims to your med pay carrier and or your personal health care plan.
- We do not submit claims for third party auto claims.

Non-Insured Patients:

- Insurance companies have negotiated discounts of 20-32% of the Providers usual fees. We believe that cash patients are entitled to the same discount, or the cash patient subsidizes the care for the insurance patient which, seems unfair, unreasonable.
- We believe that non-insurance patients are entitled to the same discount, so we offer a “time of service price”.
- If the patient pays \$60.00 at the “time of service” we will “write off” services above that level, usually \$20.00-\$40.00 which is a 34-50% discount.
- If this “at the time of service” fee is not paid at the time of service, the discount is no longer available, and the patient will be charged the full fee for the services rendered that day.

Past Due Accounts:

- Any balance beyond 60 days will accrue an interest charge of 1.5% per month or 18% annual with a minimum of .50 per month.
- Any balance beyond 90 days will receive a 10-day notice and subject to professional collections if financial arrangements are not made within 30 days or the next billing cycle.
- A \$35.00 returned check charge will be added to all returned checks.
- We will make every effort to assist you if you make financial arrangements so that you can achieve your optimal health goals.

New Patient Fee:

- There is a \$60.00 new patient evaluation fee for the first time you visit our office.

Other Patient Responsibilities:

- It is the responsibility of the patient to inform our billing department of any changes to your information. These changes include changes to your address, telephone number, insurance information and/or insurance coverage changes. Our office is not responsible for delays in payments for information that has not been provided.

I have read the above and fully understand the policies of this office. I have been given the opportunity to ask questions and have these points clarified. I agree to abide by the financial policy as stated above.

Name: _____ **Date:** _____

Signature: _____