



FINANCIAL POLICIES

Welcome to our office! We're happy you have chosen Chiropractic for your health care needs. Your health is your greatest asset and therefore one of the best things you can invest in financially.

701 S Washington Ave
Emmett ID 83617
208-365-1392 (O)
208-365-4950 (F)

Jason C Schreck D.C.

YOUR FIRST VISIT

All services rendered during the first visit must be paid for at that time. Patients without insurance coverage may pay by cash, check, electronic debit or credit card. Patients with insurance can pay for their deductible and/or co pay by cash, check, electronic debit or credit card provided their coverage has been verified. Patients with insurance that has not been verified are on a cash basis until coverage is confirmed. If this results in an overpayment, we will credit your account or reimburse you when our office receives final payment from the carrier and care has been completed.

MANAGED CARE POLICIES

Patients with managed care policies that the doctor is a contracted provider for are responsible for co-payments and noncovered services. Payment for noncovered services and co-payments will be collected prior to seeing the doctor and can be paid for by cash, check, electronic debit or credit card. Patients seeing the doctor more than one visit per week are encouraged to make payment for all co pays and noncovered services at the beginning of each week. Patients with managed care contracts that the doctor is not a contracted provider for may have out of network coverage. This coverage is usually subject to a deductible and percentage co pay. See deductible policies below.

DEDUCTIBLE POLICIES

We gladly accept insurance assignment if the insurance company: 1. Verifies the deductible has been met, 2. Provides details of the available coverage, 3. Agrees to make payment directly to our office. It must be understood; insurance is an agreement between the patient and the insurance company. The agreement is not between the insurance company and this office. In every case, the patient or their Guardian is ultimately responsible for all fees. Our office will file the necessary primary claim forms at no charge. Some insurance companies require special forms and will not accept universal claim forms. In these cases, the patient is responsible for supplying the required forms with the patient's portion completed and signed.

PERSONAL INJURY/AUTOMOBILE ACCIDENT

Chiropractic services are usually covered very well in these cases. We require that the insurance company verify coverage and that the accident was reported. We also need copies of any accident forms or police reports within the first week of care. If an attorney is handling your case, we will accept a Letter of Protection (LOP) or a signed Doctors Lien at our discretion. Although the patient is ultimately responsible for the bill, we will take assignment as long as the patient is under active care. If the patient suspends or terminates care, all fees for services are due immediately.

"ON THE JOB INJURY"/WORKERS COMPENSATION

Workers compensation pays in full for Chiropractic care. Written verification that the accident was reported to the employer is required prior to the patient's initial visit with the doctor.

MEDICARE

We do accept assignment from Medicare. The check is sent directly to our office in payment for the services that Medicare will cover. For Chiropractors, this includes only manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met and the patient will be required to pay the remaining 20%. In some instances, Medicare supplement policies will cover Medicare's non-covered services. If the patient does not have secondary insurance coverage and/or a Medicare supplement policy, those qualified may be eligible for Financial Hardship. Please inquire about Financial Hardship at the front desk. Our office completes all required Medicare forms at no charge.

CASH PAYMENT

Patients without insurance coverage may pay for care by cash, check, electronic debit or credit card. Payment is due at the time services are rendered. Checks and Electronic debiting are subject to a fee of \$25 for each returned check.

LATE OR MISSED APPOINTMENTS

Appointments for care are scheduled in advance. In respect for the time of other patients and the Doctor, a late or missed appointment fee of \$20.00 will be charged to patients who do not notify the office of scheduling conflicts 24 hours in advance. Exemptions allowed at our discretion.

PAST DUE ACCOUNTS

Patient balances will be collected primarily through Credit Card Guarantees and/or Authorization for Electronic Debit. If necessary, statements will be issued to patients with outstanding account balances. Delinquent accounts are reported to an attorney for collection.

ASSIGNMENT OF BENEFITS

Assignment of benefits simply means that the patient gives their permission to the insurance carrier to make payments directly to our office. Cash patients are not subject to assignment of benefit agreements. The patient who does not wish to assign benefits to our office will be treated as a cash patient. All insurance patients must complete a new assignment of benefits during the first visit of each calendar year.

RELEASE OF INFORMATION

All patients who assign benefits to our office must sign a release of information form. This form gives our office permission to release information about the patient's health that may be required by the insurance carrier in order to provide benefits. Patients who do not wish to have their health information released and does not sign an information release, cannot assign benefits. This means the patient will not be able to use their insurance and payment will be on a cash basis. Cash patients do not have to sign an information release. Please note that the information release for our office is written to cover a variety of insurance cases. If there is anyone a patient does not want information released to, our office should be informed immediately.

I have read, understood and agree to abide by the terms of this office's Financial Policy, and have received a copy of it.

Signature _____

Date _____

Print Name _____