

## **Dailey Chiropractic, Inc.**

Thank you for choosing Dailey Chiropractic, Inc. as your health care provider. We are committed to your successful treatment. Please understand that payment of your bill is considered part of your treatment and your understanding of our policies will help eliminate stress. The following is a statement of our Financial Policy which we require you read and sign prior to seeing a physician.

### **Patients Without Insurance**

**PAYMENT IS DUE AT THE TIME OF SERVICE.** If necessary, weekly payments will be structured.

### **Patients With Insurance**

The balance is your responsibility whether your insurance company pays or not. As a courtesy to you, we will bill your insurance; however, we cannot do so without all pertinent insurance information. Please present your insurance identification card and an original claim form at your initial visit to our office. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. A standard 20% co-payment amount of your balance is due on a weekly basis. If your deductible has NOT been met, you will be expected to pay for services as rendered until the total deductible has been met. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance. A \$25.00 charge will be added to your account for any returned checks.

### **UCR(Usual & Customary Rates)**

Our practice is committed to providing the best possible treatment for our patients and we can charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates, unless we are otherwise contracted.

### **Personal Injury**

You must file a claim with YOUR auto insurance, regardless of fault. Your health insurance will be billed second, and liable insurance will be third. If you have legal counsel, please inform our office staff.

### **Job-Site Injury**

Worker's Compensation pays for physician care; however, to assure coverage, the injury must be reported to your employer within 24 hours of occurrence. In the unlikely event that a claim is disallowed or goes to hearing, your health insurance will be billed, or if you do not have insurance you will be responsible for all charges incurred.

### **Medicare for Chiropractic Care**

Medicare will pay approximately \$18.74 toward each office visit for a total of 12 visits per calendar year after you have met your annual \$100 deductible. Although we accept Medicare assignment, we are required by LAW to bill you for services we provide you which may not be covered. You are further responsible for the 20% co-payment of Medicare's assignment fee; however, if you have supplemental insurance, we will bill it for that amount.

### **Minor Patients**

The adult accompanying a minor and the parents (or guardians) are responsible for full payments.

### **Missed Appointments**

Your treatment program has been scheduled in a manner that will afford you maximum benefit. Please make every effort to keep your appoint. To avoid a **no-show** charge of \$25.00, please give a **24-hour notice of cancellation**.

### **Finance Charge**

A finance charge of 1.5% will be added to every account that is more than 6 months old. This charge will be calculated and applied to each account monthly.

Thank you for your acknowledging our financial policy. Please let us know if you have any questions or concerns.

**I have read and understand the above financial policy and agree to its terms.**

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date