Community Chiropractic, P.C.
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Financial Policy

Thank you for choosing Community Chiropractic, P.C. as part of your healthcare team. We look forward to serving the needs of you and your family. We are committed to providing you with quality and affordable healthcare. We believe in informing our patients from the beginning about their financial responsibilities for services rendered. Please read it, ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

● **Insurance and Private Pay Patients:** We participate with Excellus Blue Cross Blue Shield. If you are not insured by a plan that we participate with, then you are considered a private pay patient and payment is expected in full at the time of the visit. Private pay patients will be provided with a receipt that may be used to submit themselves. A $2.50 service charge will be assessed each time a payment is missed. If you are insured by a plan we do business with but don't have an up to date insurance card, payment in full is required until we can verify coverage. Knowing your insurance benefits is your responsibility. If referral is required that is also a patient's responsibility to make sure that it is in place prior to visiting our office. Please contact your insurance company with any questions you may have regarding your coverage.

● **Co-payments and deductibles:** All co-payments/co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments/co-insurance from patients can be considered fraud. If you have a deductible that has not been met when we submit a claim then you will be responsible for the balance of that claim. A service charge of $2.50 will be assessed each time a payment is missed.

● **Non-covered services/Medical necessity:** If an insurance carrier denies your claim due to "medical necessity," you are responsible for that claim. We feel that every treatment we deliver is medically necessary and we realize we have no control over what any insurance carrier defines as medically necessary.

● **Proof of Insurance**: All patients must complete our Patient Information Form(s) before seeing the doctor. We must obtain a copy of your valid insurance card to provide proof of insurance. If you fail to provide us with correct insurance information in a timely manner, you may be responsible for the balance of the claim.

● **Claims submission:** We will submit claims only for insurance plans with which we are providers. We will assist you in any way we reasonably can to help you get your claims paid. This office does not submit claims for any secondary insurance. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

● **Coverage changes**: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

● **Non-payment**: If your account is over 90 days past due, you will receive a letter stating that you need to pay your account in full. Partial payment will not be accepted unless otherwise negotiated. Please be aware that if your balance remains unpaid, we may refer your account to collections.

Our practice is committed to providing exceptional chiropractic care to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. We are here to help!

I have read and understand the Financial Policy and agree to abide by its guidelines:

_____ _____

Signature of patient or responsible party Date