

Financial Arrangements Policy

Patients desiring to receive care at River Oaks Chiropractic & Body Works may pay for services in a variety of ways, one of which will best suit your needs.

Medical Insurance

Most medical insurance covers chiropractic. Policy benefits may vary widely. You should request the front desk to verify your insurance benefits as soon as possible. We will accept assignment of the majority of these policies, meaning you will only be required to pay the portion not covered by your insurance. Once we have verified your policy benefits with your insurance company, you will be informed of the portion you will be responsible for and payment options will be discussed.

PPO'S

We are a PPO provider for a large portion for the available PPO's. As above, coverage must be verified, but the patient portion is usually limited to small co-pay and occasionally a deductible. If we are not a member of your PPO, we will try to match the same benefits you would receive from a PPO provider, if we agree to accept your "out of network" benefits.

PIP (Auto Insurance)

In most auto accidents, your care is paid for at 100%. Since these accidents are frequently complicated and the patient is often times in need of immediate attention, our staff will evaluate the circumstances surrounding your coverage options and let you know the best way to have your care paid for. If there is major medical insurance coverage in addition to the PIP, our policy is to bill both carriers, and refund any overages in payment to you, the patient.

Worker's Compensation

If you have been injured in or around the workplace, or in the course of your working activities, and your employer carries Worker's Compensation insurance, your charges should be covered at 100%. Our staff will take care of the paperwork and handle everything. You must, however, notify our staff immediately on your first visit because of specific procedures, governed by state guidelines, which must be initiated on your first visit.

A Word about Insurance

Our practice is dedicated to providing chiropractic care to as many patients as possible. We set our fees reasonably so you can afford our services and yet we can still afford to offer you the environment, staff and quality of care you expect. Unfortunately, some insurance companies have arbitrarily determined their own "schedule for payment" which may be more or less than our regular fees. Additionally, some carriers will try to dictate the types or amount of treatment "they" feel is necessary to treat your condition. We will work hard for you to assist you in collecting your insurance benefits when we accept assignment and wait for payment, but remember that we count on you for our final payment, not your insurance company. Any balance remaining unpaid after 90 days from submitting claims becomes your responsibility.

Discount for Payment at Time of Service

If we do not have to wait to be paid, or utilize expensive employee time preparing claims, or incur the cost of forms, postage or the considerable time necessary for calling and following up on unpaid claims, as well as providing the additional documentation frequently requested of the doctor and staff, then we are able to discount our routine office visit (excludes examination fees). Similar discounts apply to each therapy modality when paid for at the time of service. This discount is available when paying by any major credit card, cash, or check. If requested, we will provide you with a super bill with a diagnosis for your tax records. If you subsequently choose to file these discounted fees with your insurance company and they request supportive documentation you will be charged for, and must pay in advance for, any administrative charges for copies, dictation of record and reports etc.

Please check off the box next to the payment option you prefer.

- Pay at time of service - discounted fee (cash, check, credit card)
- Have the clinic take assignment of my insurance and do all the billing and claim work. All I need to pay is any portion not paid by insurance, including but not limited to any unmet deductible and copy fee. I will pay these amounts at the time services are rendered.

I have read, understand, and agree to the above financial arrangements policy.

Patient Signature: _____

Date: _____