

*I have read and understand the payment policy of Vail Chiropractic Clinic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Vail Chiropractic Clinic and my insurance company. I request Vail Chiropractic Clinic prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctor at Vail Chiropractic Clinic that fees will be due and payable immediately.*

\_\_\_\_\_  
Patient's signature (or guardian if patient is a minor)                      Date

\_\_\_\_\_  
Witness

### **SPECIAL PAYMENT INSTRUCTIONS**

Patient's Name: \_\_\_\_\_

Insurance Deductible: \_\_\_\_\_

Deductible as yet unsatisfied: \_\_\_\_\_

Co-Insurance Percentage: \_\_\_\_\_



## **FINANCIAL POLICY**

**Chiropractic care is covered under many insurance plans and covers pain relief only. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation.**

### **PATIENTS WITHOUT INSURANCE OR HIGH DEDUCTIBLES**

We request that 100% of the first visit fees be paid at the time of service. On other visits, payment may be made either the same day of service or at the end of the week if you sign a credit guarantee form. A "Time of Service Discount" of 25% is offered for patients in these two payment categories. We accept cash, check, Master Card or Visa. If you are unable to pay for your care in full, financial arrangements will be made. The minimal weekly payment we accept is \$40. Your account balance cannot exceed \$250. If you suspend or terminate your schedule of care as prescribed by the doctor, fees will be due and payable immediately.

### **GROUP OR INDIVIDUAL INSURANCE**

We request that 100% of the first visit fees be paid at the time of service. When possible, we will call to verify benefits on your insurance. However, the benefits quoted to us by your insurance company are not a guarantee of payment. Payment may be made either the same day of service or at the end of the week if you sign a credit guarantee form for any non-covered services, deductibles or co-pays. We accept cash, check, Master Card or Visa. If you are unable to pay for your care in full, financial arrangements will be made. The minimal weekly payment we accept is \$40. Your account balance cannot exceed \$250. If your insurance does not respond within 60 days, or if you suspend or terminate your schedule of care as prescribed by the doctor, fees will be due and payable immediately.

### **"ON THE JOB" INJURY (Worker's Compensation)**

If you are injured on the job, your care should be paid for under your employer's Worker's Compensation insurance. You will need to inform your employer of the accident and obtain the name, address, and phone number of the carrier of their insurance. If your employer does not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately. We are preferred providers for worker's compensation through the Corvel network.

### **PERSONAL INJURY OR AUTOMOBILE ACCIDENTS**

Please notify your auto insurance carrier of your visit to our office immediately. Notify our insurance department immediately if an attorney is representing you. You are ultimately responsible for your bill. We have several options to accommodate you in this situation. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

### **MEDICARE**

We do accept assignment from Medicare. Medicare coverage for Chiropractic care is ONLY manual manipulation of the spine. Medicare

pays 80% of the allowable fee once the deductible has been met. You are REQUIRED to pay the deductible and the remaining 20% as well as any noncovered services. Our office completes and files the forms for Medicare at no charge. Payment may be made either the same day of service or at the end of the week if you sign a credit guarantee form for any non-covered services, deductibles or co-pays. We accept cash, check, Master Card or Visa. If you are unable to pay for your care in full, financial arrangements will be made. The minimal weekly payment we accept is \$40. Your account balance cannot exceed \$250. If you suspend or terminate your schedule of care as prescribed by the doctor, fees will be due and payable immediately.

### **MEDICAID and MINNESOTA HEALTH PLANS**

These health plans cover ONLY your initial x-rays and manual manipulation of the spine (limited to 6/month, 24/year). Our office completes and files the forms for Medicaid at no charge. If additional care is required, we will submit the request for additional treatment. For all other services payment may be made either the same day of service or at the end of the week if you sign a credit guarantee form for any non-covered services. We accept cash, check, Master Card or Visa. If you are unable to pay for your care in full, financial arrangements will be made. The minimal weekly payment we accept is \$40. Your account balance cannot exceed \$250.

### **SECONDARY INSURANCE**

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

### **MANAGED CARE PLANS**

Blue Cross Blue Shield, AHC, WEA, WPPN/MP, Corvel

We are preferred providers with these plans. Coverage is dependent upon your contract with your managed care company.

All Other Networks

We have chosen not to be apart of all other networks because the chiropractic coverage is too restrictive. We focus on correcting and maintaining the spine, which is not covered by most insurance companies. This allows us to keep our care affordable and cost effective.

However, we will contact your health insurance provider to see if you are eligible for out of network chiropractic benefits.