

Financial Responsibility Acknowledgment

We are sincerely pleased that you have chosen us to help you maintain your health and for the evaluation and treatment of your spinal/muscular problems.

Our practice firmly believes that a good doctor/patient relationship is based upon understanding and open communication. The following information is designed to provide you with detailed information about our financial policies to allow a better understanding of your financial liabilities for our professional services.

Payments for services are due at the time services are rendered. We accept checks, cash, and for your convenience, MasterCard, Visa and Discover. If our practice is a PREFERRED PROVIDER with your insurance company, we will submit the claim to your insurance company. If your insurance coverage or company changes, it is your responsibility to notify our office immediately for proper claims submission and processing.

Please read the following. If you have any questions please contact our staff for assistance.

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you not your insurance company. Please also understand that when a doctor "accepts assignment" it simply means that your Insurance Co. will send the payment directly to the doctor. This in no way relieves the patient of their deductible, co-pays, or fees for uncovered services.
2. All services are provided to you with the understanding that you are responsible for their cost regardless of your insurance coverage. If you would like to know the cost of service, please inquire with billing staff prior to treatment. Please be aware that not all services are a covered benefit in all insurance policies. You are responsible for knowing, per your insurance plan, what services are or are not covered. Fees for the services, along with any unpaid deductible and co-payments are due at the time of treatment. You are responsible for these amounts.
3. If your co-pay or unpaid services are not paid within 30 days, a \$10.00 billing charge will be incurred on your next billing statement. Should your account go to collections, you will be responsible for all costs on collections including, but not limited to Attorney's fees.
4. Should you receive payment from your insurance company, or any lien, for services provided by this facility and have not turned said moneys over to this facility within 30 days, or should you fail to perform your obligation to pay these fees, then the entire amount of the chiropractor's billing shall bear interest at the highest rate permitted by law from the date chiropractic services were first rendered. **AND YOUR ACCOUNT WILL THEN BE PLACED FOR COLLECTIONS.**
5. **You are responsible for knowing your insurance benefits.** Does your insurance require a referral for chiropractic services? Which facilities/doctors participate in your plan? If we can be of assistance in your retrieval of this information, please let us know.
6. We will send you a statement monthly to keep you informed on the status of your account until it has been paid in full or placed for collections.
7. We will bill the insurance information that you have provided, but you are still ultimately responsible for payment of any services you receive. We will also follow up on your claim by checking with your insurance carrier once verbally and once in writing. **If your insurance does not respond to us within 60 days of claim submission, the amount will become your responsibility.**

- 8. If your insurance company has not paid your medical claim, and you have contacted the insurance company with no results, there is recourse for you. The Nevada Department of Business and Industry has established a division to receive questions, complaints, and comments from consumers in Nevada concerning health care plans. We can provide you with their telephone number and a comment/complaint form at your request.
- 9. For unpaid past due (over 30 days old) balances less than \$200.00, late fee will be \$3.00 per month. For past due balances over \$200.00, the late fee will be 1.5 % per month of the amount of the unpaid balance. Unpaid balances over 40 days are subject to further collection action by an outside collection agency unless payment arrangements have been made in writing. **You are responsible for any collection fees up to 50% of the balance, legal fees, or court costs.**
- 10. Returned checks are subject to a \$25.00 returned check fee in addition to the amount the check was written for.
- 11. All Medicare patients must meet a \$100.00 deductible per calendar year. Medicare does not cover examinations. Medicare will pay for 12 visits per year and subsequent visits may be the patient's responsibility. Medicare will only pay for treatment of the spine.
- 12. Most insurance companies do not cover vitamins, supplements, neck and back supports, pillows, and supplies. They are the patient's responsibility. Please consult with a staff member regarding products and prices.

We do understand that temporary financial problems may affect timely payments of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Signature of Patient

Date

Witness

Date