

Financial Policies: Post Clinic of Chiropractic, P.C.

We are committed to providing you with the best possible care, and will discuss our fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions regarding our fees, financial policy, or your responsibility. We accept cash, checks, and MasterCard/Visa.

INSURANCE: Group insurance is an agreement between you and your insurance company, not between your insurance company and your doctor. As a courtesy to our patients, our office will complete and file your claims on standard forms at no charge. We are credentialed by most insurance plans. The amount they pay varies from one policy to another. Because of the difference between policies, we request that each patient pay the deductible, percentage, and/or co-pay as stated in your policy.

PATIENTS WITHOUT COVERAGE: Payment is expected at the time of service **unless** arrangements have been made at the front desk prior to being seen by the doctor. We accept cash, checks, and credit cards.

PERSONAL INJURY/AUTO ACCIDENTS: We will file your claim with the appropriate insurance carrier (your health insurance and/or auto med-pay), and the third party carrier (the other person's insurance) as you are treated and file a Physician's Lien to assure payment. The third party carrier will not pay until settlement is reached. To prevent your premium from being affected due to a claim being made, even if you were not at fault, you may need to inform the third party insurance carrier to subrogate upon settlement of your claim; any balance will be forwarded to you. You agree **not** to allow your attorney to reduce our fees for their/your profit. When released, a 90-day time period is allowed for settlement. If you have not settled with the third party carrier within this time, or if you have suspended/terminated care without your doctor's approval, the balance of your account is due immediately.

WORKER'S COMPENSATION: Worker's compensation pays in full for chiropractic care when authorized by your employer, the insurance carrier, or the Oklahoma Worker's Compensation Court. Without written and/or verbal approval, payment is expected at the time of service, unless arrangements have been made at the front desk prior to that service.

MEDICARE: We do accept assignment from Medicare. Medicare will pay 80% of the **allowed** services, which in chiropractic offices includes only manipulations. They **do not** pay for exams, x-rays, or physical therapy modalities in a chiropractor's office. Please read and sign "Explanation of Chiropractic Benefits for Medicare" before any services are rendered.

STATEMENTS: To reduce our costs and create savings for you, we expect timely payments to be received per any agreement you have made with this office. Statements will be provided upon request. We make every attempt to double-check each statement's accuracy to let you know what is due. If you feel there is a mistake, please contact us. If you receive a statement and have not requested it, your account is considered past due.

PAST DUE ACCOUNTS: All accounts 90 days past due will be pursued for collection and/or reported to the Oklahoma City Credit Bureau unless arrangements are made.

Please remember that you are responsible for timely payments and settlement of your account.

By your signature below, you acknowledge having read and agreed to the Financial Policy of the Post Clinic of Chiropractic, P.C.

Responsible Party Signature _____ Date _____

Witness Signature _____ Date _____