



OFFICE FINANCIAL AGREEMENT-2018

Please read and initial next to your current insurance policy. Upon agreement of your office financial responsibility, please sign and date the bottom and return to the Chiropractic Assistant behind the desk

Excellus BC/BS, Aetna and United

Deduct- Referral may be needed. Until your annual deductible is met the office fee will be procedure dependent. Fee is due at time of service. Once the deductible is met, you will responsible for co-insurance policy dependent. Supplements ,orthotics, supports, etc are not covered.

Co-Pay- Referral may be needed. Your co-pay is due at the time of service and will range from \$10-\$60 depending upon your contract. Supplements, orthotics, cushion, and wellness care are not covered and are the patient's responsibility. Blues covers acute care and not wellness care.

Medicare/ Medicare Advantage Plans (Aetna/ B/C/ MVP Gold/

United: PCP referral is required. Primary care physician sets number of visits allowed. Should your carrier or PCP fail to supply authorization, you will be responsible for the usual and customary fee (ABN).

MVP/CIGNA/OTHER:

The doctors in this office are out of network providers. Initial consultation fee, history and examination is \$80.00. Subsequent visits thereafter are \$40.00. Depending on your contract you may have out of network coverage. We will supply you with a claim form so that you can submit to your insurance co.

Usual & Customary Office Fees:

First visit for consultation, history And examination is \$80.00. Subsequent visits thereafter \$40.00. Initial Spinal scan fee included in \$80.00 charge.

Worker's Compensation:

If you require treatment for an injury that occurred while performing your normal employment, you may be eligible for 100% coverage by your employer's worker's compensation insurance. In such cases, to ensure your coverage, it is *your responsibility* to report your injury to your employer in writing and fill out the appropriate reports. Failure to do so will jeopardize your coverage. Should your case be denied you would become liable for services rendered. Mileage sheets will be available for \$20.

Auto Accidents/No Fault Insurance:

If you are seeking treatment as a result of an auto accident, you may be eligible for 100% coverage by your No Fault Insurance. Some companies have a deductible that must be met first. It is your responsibility to contact your insurance company and fill out the appropriate reports. Should your insurance decline to pay for your case, you would become liable for all services rendered. Mileage sheets will be available for \$20.

Medicare:

No referral needed. Until your annual estimated deductible of \$165.00 is met the office fee is \$40.00 - \$90.00. **Wellcare** – Authorization is needed from Triad. See ABN for what is not covered under Medicare or Wellcare.

ROCK TAPE (KINESIO TAPE):

- Option 1: Free application with purchase of roll (for the life of the roll)
- Option 2: \$5.00 charge per region application

There may be additional services/products needed to supplement your care.

X-ray: There is a \$15 charge for Chiropractic Analysis and Report if requested by the patient.

- **Year End Statements Request will cost \$20.00**
- **Please save Your statements to avoid this charge.**

Please note that patients will be charged a \$20 fee if notice of cancellation is less that 24 hours.

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Chiropractic Associates of Rochester all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

- Please note that our office does not allow a personal balance over \$100 (unless other financial arrangements have been made in writing). Should your account become 60 days delinquent a \$10 charge per month will be assessed to the outstanding balance.
- **Payment is due at the time of service. Payment in the form of cash, check, HSA, Credit Card is accepted.**
- **Returned Checks will have a \$25 service charge.**

Responsible Party Signature

Date