

# Fistler Chiropractic Payment Policy

## **Participating Insurances**

Our office is credentialed with most major insurance companies as a preferred provider. It must be understood that your insurance policy is a contract between you and your insurance company. Our office will not enter a dispute with your insurance company over policy limitations. If you have questions or concerns about your reimbursement you will need to contact your employer or insurance company. Our office will file claims for you and assist you in any way we can for benefit recovery. The amount the insurance company pays varies from one policy to another. The amount of money deemed as “patient responsibility” on a processed claim is determined by your insurance company, not Fistler Chiropractic.

**Copayments:** Copayments must be paid at the time of service. This arrangement is part of your contract with your insurance company. This policy simplifies our billing and helps keep our fees down. For your convenience we do accept all major credit cards, including flex spending, and personal checks.

**Deductibles:** If your insurance plan has a deductible you will be billed by mail after your insurance company has processed your claim and determined the amount you owe.

**Not paying your copayments and deductible is a violation of your contract with your insurance company and will result in termination of patient care at Fistler Chiropractic.**

Health insurance is designed to help you meet the cost of your health care. Therefore, you are responsible for the difference between what your insurance pays and the total charges of your care.

## **Medicare**

Our office accepts assignment from Medicare and will file claims on your behalf. Medicare will ONLY cover manipulation of the spine and 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining fees for services that Medicare does not reimburse. Secondary insurance may pay for the remaining allowable fee and Medicare non-covered services. Our office will contact Medicare and secondary insurance to confirm the amount owed.

## **Non-Insured Patients**

If you are uninsured or your insurance policy does not cover chiropractic care, we will work with you to receive the care you need at an affordable rate. However, payment is expected to be paid in full the day of service.

## **Payment Plans**

As we see fit, no one should be without needed chiropractic care. In case of financial difficulty please let us know so that a manageable payment schedule can be arranged.

If a payment plan over time is arranged, we will require a credit card to be on file to guarantee full payment of your balance. We will not charge the card unless it becomes the only way to collect what is due. Once the amount is determined we will direct bill you by mail. If these billing attempts are repeatedly ignored, then, and only then will the card on file be charged.

*I have read, understand, and agree to the payment policy of Fistler Chiropractic. I understand that I am responsible for all collection fees, court costs, and reasonable attorney fees to collect unpaid accounts.*

*If I have left a credit card number I authorize Fistler Chiropractic to bill my card under the terms stated above.*

*If I have an insurance carrier I authorize payment of insurance benefits directly to Fistler Chiropractic. I understand and agree to allow this office to use their Patient Health Information (PHI) for the purpose of treatment, payment, and coordination of care.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_