

Solon Chiropractic Financial Agreement

We are happy to assist you in processing your insurance claims. Many insurance carriers consider chiropractic services as a specialty, so the coverage may not be the same as indicated on your insurance card. We will call your insurance and verify coverage as soon as possible. We file insurance weekly.

Please make certain that all financial information provided to us is accurate. It is crucial that you report any changes immediately.

Fees & Network Participation

We are in-network providers with most insurance companies including Blue Cross Blue Shield, Aetna, Cigna, Midlands Choice, United Healthcare and Medicare. Our fees are fair. Your agreement is between you and your insurance company. We must collect all co-pays, coinsurance and deductibles as per our agreement with your insurance carrier. Co-pays, coinsurance, deductibles and non-covered services are due at the time of your visit. If you need to discuss fees and payment plans, we will make every attempt to make your services affordable for you. If you are experiencing a true hardship, we will work with you again to make your treatment manageable.

I understand that Medicare and other insurance plans will only pay for treatment that they deem to be medically necessary (sect. 18-21 (1)), after co-pays and deductibles have been met (sect. 1862 (a.1)). I agree to pay for services provided that are denied by my insurance plan; retrospectively or prospectively.

_____ (Patient Initials)

Accident Claims

Accident claims must be billed to the patient's car or health insurance. We do work on attorney's lien. If you are filing a lien, please do not ask for any reduction in fees due to an auto accident claim or worker's compensation claim.

Medicare Patients

As a Medicare provider, your chiropractor is required to consult and conduct a new patient examination before treating you. Medicare, however, does not reimburse for new patient chiropractic examinations. ***This is an out-of-pocket cost for you – the patient.*** Medicare only covers chiropractic adjustments of the spine and spinal subluxations. The new patient examination fee is \$80.00.

If you develop a new condition, a re-examination is required. Our fee is \$55.00. If you have not seen the doctor within three months, a re-exam is necessary to treat you.

Treatments on other areas of the body or extremities are considered non-covered services and patients are responsible for the fees. Medicare does not cover therapy including ultrasound, electronic muscle stimulation, massage therapy, muscle work, or therapeutic exercises. The fees for these services range from \$20 to \$40 per treatment for each service.

This applies to Medicare patients and patients whose insurance is a Medicare Advantage plan. Examples of Medicare Advantage plans are Secure Horizons by United Healthcare, Cigna Medicare HMO/PPO plans, Security or Freedom BCBS plans. Medicare Advantage plans also are usually subject to a co-pay.

Medicare will cover 80-percent of the adjustment or spinal manipulation. Supplemental insurances will cover the 20-percent of the adjustment NOT covered by Medicare. Supplemental insurances will not cover any therapies or treatments not approved by Medicare.

If you have a true secondary insurance, therapies may be covered by your carrier.

Please understand these are not our policies, but federal Medicare guidelines and policies. It's federal law; please don't ask us to break it!

I understand my Medicare coverage and I understand that I may be responsible for services NOT covered by Medicare.

_____ (Patient initials)

Patient Balance Policies

We ask that you pay your portion at the time of the visit.

Cancellation Policy

Please be aware that Solon Chiropractic requires 24-hour notice to reschedule or cancel your appointment. Failure to notify us within 24 hours to reschedule your appointment or cancel will result in a \$35 fee. Thank you for your understanding and compliance with scheduling appointments.

Payment Options

Please choose one:

Option 1: _____ I prefer to pay at the time of the office visit and do not wish to leave a credit card on file.

Option 2: _____ I prefer to have my credit/debit card billed for my balance after my insurance has processed a claim. An email receipt will be emailed.

Option 3: _____ I need to make special arrangements regarding my account. I have read the Solon Chiropractic billing policies and agree to pay in the manner indicated above. I understand there is a \$5 service fee for paper statements and agree to pay the fee. I also understand if my card is denied at the time the bill becomes due immediately. I agree to pay all collection costs, including attorney fees, incurred in collection for the services provided to me.

I authorize Solon Chiropractic staff to contact me via email at

_____ @ _____.

Patient Signature X _____ **Date** _____

Credit Card Revolving Payment Authorization

Acct #: _____ **Security Code:** _____

Expiration Date: _____ **Billing Zip Code:** _____

Cardholder Name: _____

This authorization is to be in effect for one year. I agree to abide by the terms of my Credit/debit card contract and authorize Dr. Bruce Wright / Solon Chiropractic to charge my account according to my instructions above.

Patient Signature X _____ **Date** _____