

Financial Policy

Our office has adopted the following financial policies:

- If you are utilizing self-pay, payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our front desk. Using self-pay, you are entitled to the No Surprises Act and can request a Good Faith Estimate prior to treatment. Our Good Faith Estimate prices are also listed on our website. If payment is made the day of treatment, there is a \$5 time of service discount that will be applied to the adjustment only.
- Although we are contracted with several insurance companies, it is your responsibility to make sure that our physician is in your plan. It is also your responsibility to know your insurance benefits. We will call to verify insurance benefits initially, it is only a quote and not a guarantee of insurance payment. Co-pays, coinsurance and deductibles are due the day of treatment. The copay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your financial responsibility but, with so many variations in policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience we accept cash, checks, credit cards (Visa and MasterCard), and money orders. Payments are also accepted by phone. There is a 4% service fee on all credit card transactions.
- As a courtesy to our patients, we will file primary insurance forms from our office. We do not file secondary insurance. In order to do this, we will require information from you. We will need all your demographic and insurance information prior to your appointment. We ask that at the time of your appointment, you bring your insurance card as well as any other forms that will assist in making sure that your claims are filed correctly.
- If in the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. We will bill your health plan for all services provided in our office as applicable. Any balance due is your responsibility and is due upon receipt of a statement from our office. We send three statements and then the bill will be turned over to collections for payment. After the first statement, a 3% charge will be added to the total of each statement sent there after.
- For all services rendered to minor patients, we will look to the adult accompanying the patient or the parent or guardian with custody for payment.
- We do not accept third party auto cases or personal injury cases. If you are involved in an auto case or PI case, the patient will be responsible to pay for services rendered and ledgers will be provided to the patient so they can be reimbursed by their insurance.

Missed Appointment Policies

- A one hour advanced notification is required if canceling an appointment. If you have scheduled a muscle therapy or acupuncture time and no advanced notification is given, we will charge the patient for any therapy or acupuncture spots held. \$40-\$65/massage sessions and \$35/acupuncture session scheduled.. Exceptions will only be made for emergencies at the discretion of the office. We provide a text or call reminders as a courtesy if the patient opts for the appointment reminder.
- Starting in 2023, if you miss three adjustments, you will be charged the full adjustment fee of \$45 for holding the spot. A letter will be sent to your most recent provided address after two missed adjustments to remind you of the policy. The fee will be assessed on the third missed appointment.

Payment policies

- If there is over a \$100 balance on a patient's account, half of the balance is due before the patient can be scheduled again.

Dismissal Policy

- If you are "dismissed" from the practice it means you can no longer schedule appointments, or consider us to be your doctor. You have to find a doctor in another practice. Common Reasons for Dismissal: Failure to keep appointments, frequent no-shows, non-compliance (meaning you won't follow physician instructions about an important health issue), abuse to staff, or failure to pay your bill.
- Dismissal Process: We will send a letter to your last known address, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you. After that, you must find another doctor. We will forward a copy of your medical record to your new doctor after you let us know who it is and sign a release form.

If you have any questions regarding these policies, please discuss them with our front desk staff. We are dedicated to providing the best possible care and service to you, and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.