

Bedford County CHIROPRACTIC

Payment Policy

Revised 2/5/13

Until other arrangements have been made, *payment is due at the time of service.*

This office makes payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed once your case is accepted and a prescribed treatment program is recommended.

We accept: Cash, Check, Visa, MasterCard, Debit or CareCredit

INSURANCES:

BLUECROSS BLUESHIELD (BCBS): We are In-Network. Full Payment is due until coverage is verified. Co-Pays and deductibles for Chiropractic are often NOT the same as with your MD.

ANY OTHER INSURANCE:(see "Out of Network" below) You must pay for all services.

MEDICARE: You must pay for all services. Please ask for further information/paperwork or referral to a Medicare Participating Provider. **Medicare Advantage Plans are all "OUT OF NETWORK"**

SECONDARY/PRIMARY situations must be fully disclosed. Please present both cards.

OUT OF NETWORK INSURANCES: Full payment is due from you, the patient. We will file electronically asking your insurance to reimburse you directly. We cannot guarantee payment. In addition, *if* payment is made to us, it will apply to any balance, or become credit. Further, out of network means we are not contracted to charge a lesser amount pre-determined by the insurance company.

If a patient is referred to another specialist or discontinues care for any reason or is discharged by the doctor due to non-compliance, any balance becomes due and immediate full payment is required.

Health and accident insurance policies are arrangements between the insurance company and the patient. Please submit any documentation they ask you to provide to help speed reimbursements. We cannot be responsible for misinformation given to us by the Insurance Company regarding your benefits. After we file for you, the Explanation of Benefits (EOB) will give us more details.

Discounted X-Rays are the property of Bedford County Chiropractic and are available to your primary doctor "on loan." If the films are requested to be loaned to another Chiropractor, the patient is responsible for paying the normal fees for those films.

RE-ASSIGNMENTS OF BENEFITS: By signing this Payment Policy you are agreeing to abide by all the above statements. You are also agreeing to allow us to bill your insurance company and are agreeing to allow us to receive payment from them on your behalf. This is called a Re-Assignment of Benefits and will show on a claim form as "Signature on File."

MISSED APPOINTMENT FEES: \$25 is charged to your account when you miss an appointment. A minimum of 24 hours advance notice is required for rescheduling to avoid this fee.

LATE FEES/LEGAL FEES: \$20 late fee is added each month a payment is not received when a bill is sent and ignored. After 90 days delinquency it may be handled in Bedford County Court. We will add all court fees to your account balance.

I have read and understand the Financial Policy of this office and agree to these terms.

Patient's/guarantor's signature

Date

Chart#