

Full Circle Health & Wellness

Financial/Office Policies

Thank you for choosing us as your Chiropractic Care Provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. If you should have any questions, please do not hesitate to ask.

Regarding Major Medical Insurance

This office will call your insurance company to verify your benefits for chiropractic care. Please provide us with your insurance card so that we may make a copy for our files. We will accept assignment of insurance benefits from most insurance companies. The deductible and co-pay portions are your responsibility. You are expected to pay these co-pays at the time of your visit. For your convenience, we accept cash, checks, money orders, debit cards, Discover, MasterCard and Visa credit cards. If your insurance changes in any way, you are required to notify us immediately.

Please understand that your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you and not your insurance company.

Regarding Medicare

This office does accept assignment on Medicare. Medicare only pays for a chiropractic adjustment. Medicare does not pay for exams, x-rays, extremity adjustments nor any other services this office may provide. You would be responsible for payment on these services, plus your yearly deductible and co-pay **UNLESS** you have a secondary Medigap policy that would pay on these services. Please provide us with your insurance card(s) and we will call to verify your chiropractic benefits.

Referrals

If your insurance plan requires you to have referrals from your Primary Care Physician (PCP), you must have these referrals to have benefits paid at the highest amount. Otherwise your claims will be processed at the self-referred rate. A deductible and higher co-pay may result. To obtain your referrals, contact your PCP and request that your referrals be faxed to 377-4286.

Missed Appointments

This is a busy office. Once an appointment has been made, it has been reserved specifically for you. If you are unable to keep your appointment, we request that you call to reschedule your appointment. This would allow us to offer that appointment time to another patient needed to have an appointment at that time. Please help us to serve you better by keeping scheduled appointments.

Additional Policies

- 1) **We do not intercede with separated or divorced parents for payments.** The parent who brings the child for chiropractic care is expected to pay for services at the time those services are rendered. Financial responsibility for the care of a minor child outlined in separation or divorce agreements is dependent of office policy and management.
- 2) All patients balances must be paid in full by the end of each month. We prefer not to send statements. If a statement must be sent and balance not paid within 10 days of date of statement, a service charge of 1.5% will be added to your account each month balance is not paid.
- 3) There will be a \$20 service charge for all returned checks.

We appreciate the opportunity to serve you. Thank you for understanding our financial/Office Policies.

I understand and agree to this Financial Policy:

Patient Signature

Parent/Guardian Signature

Date