



FULL CIRCLE

HEALTH & WELLNESS

1223 US Route 202 Winthrop, ME 04364
207-377-9344 Fax 207-377-4286

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, Master Card 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 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 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.

Missed Appointments/ Cancellation Policy

This is a busy office. Once an appointment has been made, it has been reserved specifically for you. We know that your time is valuable, as is ours. We know that sometimes things come up that could prevent you from coming in. We'd like you to be aware of our cancellation and late-arrival policy in case you run into this problem.

Our office will see you within 5 minutes of a late arrival. After that, our availability to see you will depend on how busy we are. Otherwise, we will reschedule you for a better time to ensure you have enough time with the doctor. If you are running late, it helps to give us a call so we have a heads up.

You're able to cancel your visit up to 24 hours before your appointment. After that or if you do not show for your appointment, you will be charged a ***\$25 cancellation fee***.

We appreciate early action when cancelling and rescheduling appointments, but want you to be aware of this fee in case you need to cancel within one day before your visit. We don't want there to be any surprises.

In the event of an actual emergency, and you were unable to provide prior notice, consideration will be given, and a one-time exception may be granted. _____ (initials)

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 the minor child outlined in separation or divorce agreement is dependent of office policy and management.
2. All patient 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 the Financial Policy:

Patient Signature

Parent/Guardian Signature

Date

