

Peninsula Chiropractic Center, Inc. Financial Policy

(Please check the one that applies to you)

1. **PATIENTS WITH INSURANCE:** *The policy of this office is to require payment when services are provided, regardless of your insurance policy. In the past few years, the assumption has developed that if one has insurance the responsibility for their account no longer exists for them. Please understand that insurance is a contract between you, the patient, and the insurance company, and not the company and this office. If and when the insurance company makes a payment to us, it will be promptly refunded to you.*
2. **PRIVATE PAY PATIENTS (without insurance):** *Payment is required at the time of service.*
3. **MEDICARE PATIENTS:** *Payment is required at the time of service, regardless of your insurance coverage. Medicare pays for Chiropractic adjustments but only at 80% of the "approved" amount. The "approved" amount is usually less than the actual cost of the treatment. Medicare does not pay for the examination, x-rays, ice packs, etc., however, the exam and annual x-rays are required by law to receive any payment on your adjustment if Medicare feels that treatment is medically necessary. Any payments made by Medicare will be mailed directly to you. We will submit your claims to Medicare, but you will be required to submit to your supplemental insurance after you hear from Medicare.*
4. **INDUSTRIAL INJURY:** *An injury in the course of employment and you are eligible to have expenses covered under Workman's Compensation.*
5. **AUTO ACCIDENT (personal liability):** *The policy of this office is to require payment when services are provided, regardless of your insurance policy. An injury that occurred in an automobile accident and the "other" driver was cited. You have an attorney representing you. My attorney's name and address:*

6. **AUTO ACCIDENT (Med-Pay):** *The policy of this office is to require payment when services are provided, regardless of your insurance policy. An injury in an automobile accident and the driver of your car has or you have Med-Pay benefits in your policy. The insurance company's name is: _____
Please understand that you can collect benefits from #6 in addition to #5 (above).*
7. **Badgercare/Medical Assistance,** patient to pay co-pay as directed.

I hereby assign benefits that I am eligible to receive for the care rendered at Peninsula Chiropractic Center, Inc. to Peninsula Chiropractic Center, Inc. I fully understand and agree that insurance policies are an arrangement between an insurance carrier and myself. I will agree to keep my account current as indicated above.

Patient: _____

Date: _____

Information taken by _____ Responsible Party _____