

Financial Policy for Insurance Coverage and Third Party Payment

Office Policy: If you have insurance that covers or may cover our services, you must produce this information (i.e., insurance card) if you wish us to file for you. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will verify your coverage, policy benefits and limits with your carrier. Verification of benefits by our office does not guarantee that the insurance company will pay your claim. We advise you to know what your policy covers, and to call your insurance carrier(s) with any questions or concerns. Insurance payment is based on terms and conditions of your individual plan. After insurance benefits have been paid, we will provide you with a statement detailing your remaining balance due, if any.

Insurance: Performance Chiropractic, LLC has entered into contractual arrangement(s) with a variety of carriers. If you are covered under one of these plans, and you provide your insurance information to us, the practice will file your claims for you. Very rarely, your plan may require a referral or pre-authorization in order for you to receive benefits. It is your responsibility to obtain referral or pre-authorization prior to receiving chiropractic services when required by your insurance carrier; and to inform us of changes in coverage. If you have Medicare, visit <http://performancechiropractic.com/new-patient-forms/> and download the Medicare Quick Guide ("What Will Medicare Pay?"); or request a paper copy at any time.

Patient Payment: Insurance companies issue a disclaimer that benefits quoted to providers do not guarantee payment. You are financially responsible for all fees associated with any non-covered services, deductibles, and co-payments in accordance with the benefits and limitations of your particular policy. Please note that Performance Chiropractic cannot know or track when you approach or exceed reach maximum benefits with your insurance company. If you have any financial concerns, please ask us, and call your insurance carrier. Our EZ Pay Program is a helpful alternative if you are in need of flexible payment options, with zero percent interest. The program enables you to receive care in an affordable way. Just Ask!

Claims Filing: We submit claims to insurance carriers on a weekly basis. It usually takes between 2-4 weeks for us to receive EOBs (Explanation Of Benefits) back from your insurance carrier (you may receive your EOB 1-2 weeks before we receive our copy). We then apply insurance payments to corresponding accounts and bill you for any remaining balance. Please note – if all claims are submitted correctly (clean claims) and are improperly denied, we will appeal once. Once we receive denial on the appeal, the balance due becomes your responsibility.

Non-Payment: This office and/or our billing service will do its utmost to provide correct and sufficient information to your insurance carrier to obtain payment for all treatments. We have found that in some circumstances, however, insurance companies arbitrarily or improperly deny or reduce payment despite our best efforts to demonstrate the necessity for care. If your insurance claim is denied, if benefits are reduced, or if there is any failure of insurance to pay for any reason, you are responsible for all remaining charges.

Accounts with balances must be paid in full upon receipt of a statement, or payment arrangements can be made through our 0% interest EZ Pay Program (ask for details.) Our practice will send periodic (typically monthly) statements. If payment is not made in accord with our policies, we reserve the right to turn your account over to a third party for collections. You will be responsible for any and all costs generated in the collection of payment, for all charges incurred at Performance Chiropractic. This includes, but is not limited to: special postage, collection agency fees up to a maximum of 33 1/3% of the principal, attorney fees, and court costs.

Signing below indicates that you have read, understood, and accepted all terms; and that a Tech has reviewed your insurance (if any) and expected financial obligations with you. If you want a copy of this form, just ask!

Performance Chiropractic, LLC
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Financial Policy
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Patient Signature _____ Print Name _____ Today's Date _____

If patient is under 18 years old, parent or guardian must sign : _____