

Miklos Center for Health and Wellness

Financial Policy

Thank you for choosing us as your Health Care Provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. The purpose of our financial policy is to keep HEALTH CARE COSTS DOWN. All patients must complete and sign our new patient forms and financial policy before seeing the doctor.

NUTRITION AND CASH PATIENTS

Payment in full is due at the time of service. New patient visit is \$85.00, adjustment \$45.00 or 4 visits for \$160.00 (saving \$20.00). Massages are \$60.00 per hour or 2 for \$100 (saving \$20.00) plus tax, if applicable. Acupuncture is \$50.00 per visit. Stop smoking acupuncture is \$350 per month. The lab fee for nutrition blood work is \$150.00 w/Vitamin D or \$120.00 w/o Vitamin D. Follow up visits for nutrition are \$57.50 up to \$115.00, this does not include supplements. ALL sales are final. We accept cash, checks, Visa, MasterCard, or Discover. **We do not allow any returns on all supplements** as we are unable to control the temperature of these products once they leave the office.

INSURANCE

We may accept assignment of insurance benefits; however, we do require the initial visit to be paid at the completion of the first visit. We cannot bill your insurance unless you give us your current insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If you wish to have this office file your insurance claims for you, we will require you to pay the insurance policy deductible and the patient's percentage as stated in your policy. If your insurance company denies your claim, the balance will automatically be transferred to your patient account. Please be aware that some, and perhaps all, of the services provided may be non-covered and not considered reasonable by your insurance policy. Any personal balance 90 days or older will be assessed interest. Please see the paragraph titled INTEREST CHARGE. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due at the time of treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to the paragraph for cash patients.

USUAL AND CUSTOMARY FEES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ON THE JOB INJURY

Worker's compensation pays in full for chiropractic care. Upon being released from care, a 90 days time period is allowed for settlement of your claim. If settlement has not been reached within this period, or if you have suspended or terminated your care without your doctor's approval, payment for services is due immediately.

PERSONAL INJURY AND AUTO ACCIDENT INJURIES

Please present your auto insurance information upon arrival at your first visit. If an attorney is handling your case, please bring that information with you also. The insurance department must have this information to process your claims correctly. Although you are ultimately responsible for your bill, our office will wait for settlement. If you suspend or terminate care, any fees for services are due immediately. Upon being released from treatment, your account balance becomes your responsibility. If the account personal balance reaches an age of 90 days, an 18% annual interest rate will be added to the balance until paid in full.

MEDICARE

We do accept assignment from Medicare. After your deductible has been met for the year, Medicare will pay 80% of the visits they approve. The other 20% is due by the patient. Medicare does not cover office visits or therapy. Initial office visit is \$85.00 and re-exam is \$45. Therapy is \$10.

MEDICARE SUPPLEMENTAL INSURANCE

This office does not process Medicare supplemental insurance. However, we will give you any information necessary to help you file these claims in a timely manner. Follow-up on supplemental insurance is the responsibility of the patient.

MISSED APPOINTMENTS & NSF CHARGES

All visits must be cancelled at least 24 hours in advance to avoid a “Failed To Show” charge of \$50.00. Please help us serve you better by keeping your scheduled appointments. There will be a \$30.00 charge for all checks returned for non-sufficient funds.

PLEASE INITIAL: _____

INTEREST CHARGE: Any personal balance that is 90 days old will be assessed an interest charge of 18% annual rate.

I understand and agree that health and accident insurance policies are an agreement between my insurance company and myself, not between my insurance company and this office. I authorize Miklos Center for Health & Wellness to release any medical information and to complete any usual and customary reports and forms to assist in collecting from my insurance company.

If mine is a regular health insurance case, I agree to pay a percentage of services as they are rendered. However, I understand that I am ultimately responsible for payment in full at this office. I also understand that if I terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

I have read, understand, and agree to this financial policy.

Signature of Patient or Responsible Party

Date

Staff Witness

Date