

OPTIMAL HEALTH CHIROPRACTIC & ACUPUNCTURE

Dr. KERRI HENDERSON, DC

923 N State Street Suite 140, Fairmont, MN 507-235-5505 ~ 405 2nd St, Jackson, MN 507-847-2112

FINANCIAL POLICIES 102

You clearly understand that all services rendered and products are dispensed to you will be charged directly to you and that you are personally responsible for payment.

You are responsible for understanding your policy and coverage terms for any third party health care policy (including work comp, auto coverage, commercial insurance, Medicare, medical assistance, flex plan etc.) Questions regarding payment and denial of claims should be addressed directly to your insurance carrier.

It is your responsibility to obtain information regarding the cost of services to be performed upon each visit. This office is released from responsibility to inform you of reasonable increases in cost of services if you have not asked prior to treatment.

A 3% processing fee will be added to all credit card/ debit/ HSA/FSA transactions.

A 1.5% interest rate and a \$5.00/month repeat billing fee may be applied to any account balance over 30 days and any account balance over 90 days may be subject to collections via small claims court or other collection procedures. If necessary I agree to pay all cost of collection, including reasonable attorney's fees.

It is your responsibility to inform this office if your coverage, policy, or insurance carrier changes. *You are responsible for payment if charges are denied because this office was not informed of a change.*

You permit this office to submit your signed authorization along with the Insurance Form allowing direct payment of insurance proceeds to be paid to this office.

Portions of charges, which are known to be non-covered services, are due in full at the time of services. Your insurance may have a yearly limit of the number of chiropractic visits. We will attempt to help you keep track of your visits however it is your responsibility to keep track of your visit totals and to inform us of other visits to other providers.

COMMERCIAL INSURANCE/ AUTO/ WORKMAN'S COMP

Copays are due on the day of service

Health and accident insurance policies are an arrangement between you and the Insurance Carrier (company or organization providing insurance coverage). You are responsible for understanding your policy and coverage terms, including copays, coinsurance, and deductibles. Chiropractic care does not necessarily have the same coverage as medical coverage.

This office will prepare and provide any necessary reports and forms to assist you in making collection from the Insurance Company and that any amount authorized to be paid directly to this office will be credited to your account upon receipt. Payments sent directly to you for services that you have not yet paid for are to be paid to this office within 15 days. Any information given to you in regards to your insurance coverage is for your information only, and not considered advice or a recommendation.

MEDICARE

Medicare may require members to meet a deductible each year before they will make payment on any part of chiropractic care.

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Medicare **will typically pay** for approximately 80% of spinal adjustment charges, but certain services and products provided by this office may not be covered fully or even in part by my Medicare insurance or my supplemental insurance.

Medicare **requires** an examination to be performed for submission of claims, but Medicare **will not** pay for the examination. Medicare **will not** pay for extremity adjustments, x-rays, x-ray reports, therapies (including ultrasound, interferential, cold laser, acupuncture, spinal decompression, red light therapy, all forms of soft tissue massage, cold packs/hot packs), variably price items/services such as vitamins, supports, arch supports, heel lifts, braces, pillows, and taping services or supplies, as well as various other services to items that my Doctor of chiropractic may feel is necessary for my treatment/ health, but are **not required** by Medicare.

The portions of charges, which are determined to be non-covered services by Medicare, are due in full at the time of service. You may be asked to sign a release form regarding non-covered services during each visit or annually.

MEDICAL ASSISTANCE

This office is an in-network provider for injury related or disability related Medical Assistance, (Medicaid) but may or may not be part of a specific MN Care network (such as UCare or Blue +). Please verify at time of visit or if you have any changes in coverage. Medical Assistance programs may have a limit of 12 -24 chiropractic visits per year; this includes all chiropractic providers seen in the calendar year. The cost of visits after the limit is the responsibility of the patient until the next calendar year begins. MA may also have Copay which is due at the time of visit.

MA **will not** pay for extremity adjustments, extremity x-rays, x-ray reports, therapies (including ultrasound, interferential, cold laser, spinal decompression, acupuncture, red light therapy, all forms of soft tissue massage, cold packs/ hot packs), variably price items/services such as vitamins, supports, arch supports, heel lifts, braces, pillows, and taping services or supplies, as well as various other items and services.

The portions of charges, which are determined to be non-covered services by Medical Assistance, are due in full at the time of service. You may be asked to sign a release form regarding non-covered services during each visit.

SAME DAY AS SERVICE DISCOUNT

You are eligible to receive a Same Day as Service Discount (SDSD) on the cost of services provided by this office by paying in **full for all services on the date the services are provided**.

This discount will not be applied to any services if these fees are not paid in full on the date of the service and full rate charges will be charged to your account. All charged services that are not paid on the day of service are no longer eligible for the SDSD. **Discounted services are not eligible to be submitted to insurance.** This office will not submit claims to an insurance company on your behalf for any services that were discounted under this policy. You agree to pay for all of your services by cash, check or credit card (Visa, MasterCard, or Discover) at the time all services are provided.

You may have claims submitted in the future on your behalf by forgoing this discount from that time forward and being charged the regular fee for all services if you so choose.

Signed the **Authorization and Signature** form acknowledges that the person referred to as 'you' is considered the patient, policyholder, parent, or guardian and can be held responsible for charges held in this office. It also acknowledges that you understand the policies herein and agree to follow them.