

Notice of Financial Policy

In an effort to maintain compliance with various state and federal regulations, managed care and preferred provider agreements, as well as billing and coding guidelines, we have adopted the following financial policies.

1. Our clinic has an established single fee schedule that applies to all patients for each service provided.
2. You may be entitled to a network or contractual discount under the following circumstances:
 - a. We are a participating provider in your health plan.
 - b. You are covered by a State or Federal program with a mandated fee schedule.
 - c. You are a member of ChiroHealthUSA, or any other Discount Medical Plan Organization we may join. Patients who are uninsured, or underinsured (limited benefits for chiropractic care), may join ChiroHealthUSA in our office and will be entitled to network discounts similar to our insured patients. Membership is \$49.00 a year and covers you and your dependents. Ask our staff for more information.
 - d. Patients who meet state and or federal poverty guidelines or other special circumstances outlined in our "Hardship Policy" may be offered a discount for a period of time as determined by the clinic. Verification will be required.
3. As part of our compliance plan, as of March 1st, 2015 our office will be unable to extend any type of discounts other than those listed above.
4. Patients utilizing third party payers understand that if all or a portion of their visit is denied coverage by being deemed not medically necessary or a non-covered charge by their provider the patient assumes financial responsibility for the services they received.

Acknowledged By: _____

Date: _____