

**Durham Family Chiropractic
Payment Policy**

Please read the following document carefully, initialing each paragraph to indicate your understanding. If you have any questions, please ask before signing it. We wish to provide you with the highest quality health care possible, and in order to do so, it is necessary that you understand the following:

Please know your benefits.

Non-Medicare Patients only:

1. ____ Many insurance companies have limitations to what they will pay a provider for services. These include but are not limited to:

- Number of visits or dollar amount allowed per calendar year. We will do our best to inform you when that happens. However, if you seek treatment at another location our information may not be accurate. If you exceed these limitations, you will be responsible for payment.
- Some insurance companies will not cover maintenance care. If services are denied payment, then you will be billed.
- Certain chiropractic services may not be covered by your policy and you may be responsible for those services.
- In the event that your policy has a deductible, you are responsible for obtaining information regarding whether that deductible has been met or not. Insurance companies will not always release information regarding your deductible.

2. ____ You should be aware of you insurance coverage and benefits for chiropractic care before you begin treatment. The costs you incur at Durham Family Chiropractic are your responsibility to pay, regardless of your insurance company's ability to provide reimbursement.

Medicare Patients Only:

1. ____ Our fee for your initial exam is \$55.00 and our fee for x-rays is \$100. This is not covered by Medicare and is therefore your responsibility.

2. ____ As a participating provider, we accept Medicare's fee of \$29.51 for spinal manipulations. However, you are responsible for your Medicare deductible or the remaining \$5.90 after your deductible is met (co-insurance amount after Medicare has paid). If you have secondary insurance your policy may pay these fees for you.

3. ____ Medicare will allow each new patient 12 visits. Medicare does not cover maintenance care. You are responsible for payment if your visits exceed the allowed amount. You will only be charged \$29.51 for each adjustment as that is our contracted fee. If you choose not to continue the treatment plan that is designed for you, you have the option of returning in a couple of months, if you have a new condition or episode. Medicare will cover about 5-6 treatments per episode about every 2 months.

4. ____ Medicare does not cover physiotherapy. This includes, but is not limited to, intersegmental traction, ultrasound and electrical muscle stimulation. Our fee for these services is \$20.00 per treatment. You are responsible for payment.

Payment is expected when services are rendered, unless other arrangements are made with our office manager.

If you have questions, please do not hesitate to ask!

* Questions regarding our fees or your bill should be directed towards the office manager. Any questions regarding your health or treatment you are receiving should be directed to the doctor.

I have read and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. If costs are incurred in connection with collection on my account, I agree to pay for all such costs and fees.

Signature of responsible party: _____ Date: _____

Printed name of responsible party: _____ Patient's name if a minor: _____