

# Sports & Spinal Injury Clinic, LLC

6634 Lake Otis Pkwy #A, Anchorage, AK 99507  
Phone (907) 522-3511; Fax (907) 522-8551

## INDIVIDUAL FINANCIAL POLICIES

We have prepared the following financial policy to help our patients determine their responsibility for payment of services rendered at our office and that you are ultimately personally responsible for all payments regardless of whether or not this office accepts insurance assignment. Please determine the statement that applies to you, initial each page letting us know that you read it, and then sign at the bottom. Regarding ANY DISCOUNTS: Please see #10 on page 3.

### **Payment is expected at time of service unless prior arrangements have been made.**

#### **Phone Quotes**

Phone quotes from your insurance company does not approve treatment nor do they guarantee payment. Any unpaid portion is your responsibility.

#### **Health Insurance** - Regarding ANY DISCOUNTS: Please see #10 on page 3.

It is our policy that if you have health insurance that you believe may cover chiropractic; we will verify your insurance coverage for you. Once your eligibility and coverage are determined we will file all insurance claims for you to the extent that your policy permits, however you are ultimately responsible for payment whether your insurance pays or not. Please note, there is no guarantee of coverage as coverage and benefits are not determined until the claim is received and processed. It is against the law to write-off or to not collect your deductible, co-payment, co-insurance, any non-covered supplement, supplies or services so you are also responsible for paying any amount not covered by your insurance at the time they are rendered.

#### **OR**

If you have insurance coverage and wish to bill your own insurance instead of us, we require that you pay 100% of the services rendered at the time of each visit. We will provide you with a receipt with the necessary billing information, which you can send to your insurance carrier for reimbursement.

#### **Non-Insured/Private Pay**

We request 100% of the first visit be paid at the time of the first visit. All future visits must also be paid 100% at the time of service. If your financial situation requires special arrangements, please speak with the Billing Coordinator/Specialist.

#### **Workers' Compensation** - Regarding ANY DISCOUNTS: Please see #10 on page 3.

Chiropractic services are covered by Workers' Compensation law, and you should be covered 100%, if your employer is aware that you were injured on the job, you have completed the required papers with your employer, your employer has no objection to your receiving care here, and you are covered by Workers' Compensation Insurance. You are responsible for non-covered items such as supplements and supports. These items are to be paid for at the time they are received. We can bill the insurance for you after you pay for them and if the insurance pays, we will reimburse you. **IF YOU ARE DENIED, YOU WILL BE RESPONSIBLE FOR ALL BILLS INCURRED.**

#### **Medicare**

Our doctors are Participating Providers with Medicare; therefore, we are required to bill Medicare for services. **MEDICARE WILL ONLY PAY FOR MANIPULATION OF THE SPINE AS LONG AS IT IS NOT CONSIDERED MAINTENANCE.** Medicare does require that you pay for your X-rays, examinations, supplements, physical therapy, massage, and any other non-covered services at the time they are rendered unless you have a secondary insurance, NOT a supplemental insurance. You will also be required to pay an annual deductible and a small co-payment ranging from \$6.50-\$35.00 depending on your policy with Medicare and cannot and/or will not be written off. That is against the law. The amount of the deductible changes every year, and we will try to inform you how much it is each year. If you have a true secondary insurance policy that may cover chiropractic, we can/will verify coverage and then bill them for you if Medicare does not. Please note, there is no guarantee of coverage as coverage and benefits are not determined until the claim is received and processed. Supplemental insurance will not cover anything Medicare does not, so you will be responsible for any balance Medicare will not cover. Medicare will send payment directly to our office. You will also be required to pay all visits in full once Medicare stops paying this clinic.

#### **Massage Therapy/Rolfing**

You will be required to pay in full, your co-payments at the time of service and any balance remaining your insurance does not cover.

#### **Late Fees**

If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for late fees of \$25 a month going back to the first month. Please address any financial concerns to us as soon as possible.

Page 1 Initials: \_\_\_\_\_

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## **Automobile Accident** - Regarding ANY DISCOUNTS: Please see #10 on page 3.

Services rendered are normally covered 100% provided there are medical payments (referred to as "med-pay") coverage on the automobile that you were in at the time of the accident. Said coverage usually has a limit of responsibility from 1 to 3 years from the date of accident, or until the available benefits are exhausted.

Should there have been another vehicle involved in the accident, and it would appear this is a liability claim, since the other party caused the accident, we would be happy to complete whatever papers are necessary to help you settle your claim. If the other vehicle that was involved was found to be liable and you would like for them to pay for your care in our office, you need to be aware that their insurance will not pay us for your visits until the claim is settled. They could also pay you directly, and most likely not pay you until the case is settled, which you would then owe us. **THEREFORE**, the following is our policy regarding payment for services:

1. We will bill the insurance carrier of the vehicle you were in at the time of the accident using the "med-pay" coverage before billing the other insurance company if it is available.
2. If no "med-pay" coverage is available on the vehicle you were in at the time of the accident or it has

been exhausted we will bill your private or group health insurance if it covers chiropractic. You will be responsible for paying for your deductible, co-payments, and non-covered services at the time of service. If you have an attorney representing you in this case payment can be deferred in most cases until the case is settled.

3. If no medical benefits are available to you through med-pay or health insurance but you have an attorney representing you, we will wait for payment until the case is settled, however, we must have the attorney's name, address, phone number, and we will have to verify that they are representing you. The attorney must also sign and return a lien form to this clinic within 10 days of receipt. If you are being treated on a lien basis a co-pay of \$25.00 is required at each treatment. If you change attorneys, we must be informed immediately, and they must also sign and return the lien form to this clinic within 10 days of receipt and confirmed of representation.
4. If you do not have med-pay coverage, health insurance that covers chiropractic, or an attorney, you will be required to pay for all services at the time you receive them. If you require assistance in finding an attorney, please ask us. We will provide you with the name of at least 1 attorney who supports chiropractic care. If you

do get an attorney, we must have confirmation from the attorney that is representing you within 10 business days of your initial visit. Payment is still expected in full at time of service until the attorney representing you has been confirmed and all lien papers are signed.

## **NON-VEHICULAR ACCIDENT** - Regarding ANY DISCOUNTS: Please see #10 on page 3.

If you were involved in a non-vehicular PI case (slip or fall in a restaurant, parking lot, house, etc...) and the liability carrier has accepted liability for your injury and agreed to pay us directly on a month-to-month basis, we will bill the liability insurance carrier for you.

If the liability carrier has not accepted liability or will not pay us directly, our policy regarding payment is as follows:

1. We will bill your private or group insurance if it covers chiropractic. You will be responsible for your deductible, co-payments, supplies and non-covered services at the time of service. If you have an attorney representing you in this case, payment can be deferred in most cases until the case is settled except for supplies, however, we must have their name, address, phone number, and are able to verify that they are representing you. The attorney must also sign and return a lien form to this clinic within 10 days of receipt. If you are being treated on a lien basis a co-pay of \$25.00 is required at each treatment.
2. If you do not have health insurance that covers chiropractic in our office, but you have an attorney representing you, we will wait for payment until the case is settled, however we must have their name, address, phone number, and are able to verify that they are representing you. The attorney must also sign and return a lien form to this clinic within 10 days of receipt. If you are being treated on a lien basis a co-pay of \$25.00 is required at each treatment.
3. If you do not have health insurance that covers chiropractic or an attorney, you will be required to pay 100% of services at the time you receive them. If you require assistance in finding an attorney, please ask us. We will provide you with the name of at least 1 attorney who supports chiropractic care. We must have their name, address, phone number, and are able to verify that they are representing you within 10 business days of your initial visit. Payment is still expected in full at time of service until the attorney representing you has been confirmed and all lien papers are signed.

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We believe this is a clear definition of our financial policy and it will allow us all to continue to concentrate on the most important issue of your health and well being.

### IT MUST BE UNDERSTOOD:

1. The **privilege** of insurance assignment begins when our office receives and confirms your insurance information.
2. All deductible and/or copay payments **MUST** be made prior to insurance submittal.
3. To assist you, our office will confirm your insurance coverage to determine exactly what Chiropractic coverage is available to you under your policy. **Please note, there is no guarantee of coverage as coverage and benefits are not determined until the claim is received and processed.**
4. All deductibles, co-insurance/co-payments, non-covered supplements, or supplies are payable when service is rendered or at the end of each week with prior approval. A \$300 balance must not be exceeded by any patient.
5. Since **we do not own your policy** and since from time to time, we may have difficulty in collecting from your insurance company, and the insurance assignment is a privilege, they may terminate at any time. Of course we will try to give you ample notice and ask that you act in your own behalf with **your** insurance company.
6. This office **does not** promise that an insurance company will pay for the usual and customary charges of this office, nor will this office enter any dispute with an insurance company over reimbursement or the amount of reimbursement or write-off any portion.
7. If your insurance considers any charges as: mutually exclusive, not medically necessary, exceeds limitations either yearly or daily, or multiple therapy procedure reduction, we will not write those off. You are and will be responsible for those charges.
8. Should you discontinue care for any reason, other than discharge by the doctor, all balances due will become immediately due and payable in full by you, regardless of any claims submitted.
9. When making a health care decision it is important to remember that you, the patient, are ultimately financially responsible for any services rendered.
10. Under any circumstances, if you are denied coverage for any reason by any of the above, you will be responsible for all bills incurred.
11. If you have an attorney for your Auto/PI case, your attorney must return a signed lien to us with accepting to pay us when the case is settled within 10 days of your first visit. However, if they do not pay us for any reason, you are ultimately financially responsible. *A discount on liens will/can be accepted only if ALL parties involved accepts the same discount and proof is available, including the Attorney.* I also understand that a discount will NOT be given even if the Attorney decides to pay me directly and have me pay my medical expenses.
12. **Late Fees** - If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for late fees of \$25 per month going back to the first month of treatment. Please address any financial concerns to us as soon as possible.
13. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions regarding your health care or any of our policies, please let us know. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.
14. Due to the nature of insurance processing, I understand that I am liable for any remaining balance that the insurance does not cover. This is up to and including for the past three (3) or more years.

**I have read and understand the above three (3) pages of this financial policy. I also understand that this financial policy is valid for three (3) years or until the case is settled, whichever is longer, and that I will have to re-sign another agreement if a new case is started. I also understand that if I want a copy of this policy, I will ask for a copy and one will be made available to me.**

**SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

