

## FINANCIAL POLICY

Patient Name \_\_\_\_\_.

Please **mark one** of the following payment options:

**No insurance and agree to pay in full at the time of service, unless other arrangements are made;**

- a. **\*10% DISCOUNT.** Real Health Chiropractic offers a bookkeeping discount of 10% for those who pay with cash/check that opt out of insurance. To receive the discount patients must pay in full with cash/check only on the day service is rendered. The 10% discount does not apply to credit card transactions. We are also prohibited by federal law to extend this offer to any federally funded program, such as Medicare and Medicaid.

**I have insurance but wish to file all claims and billing on my own. I agree to pay in full at time of service, unless other arrangements are made. 10% Discount may apply\***

**I have insurance and request Real Health Chiropractic to bill the insurance I have on file.** I understand that most insurance plans do not cover chiropractic care and it is my responsibility to call my insurance and verify my benefit plan for Chiropractic care before services are rendered. All insurance patients must sign an Assignment of Benefits as a condition to your acceptance of insurance. ***We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20% as well as any non-covered services..***

**Personal Injury, Automobile Accidents, Workers Compensation-** Please notify your auto insurance carrier of your visit to our office immediately. Notify our insurance department immediately if an attorney is representing you. **Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to six months after your care is completed.** Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

### Payment Transaction Options:

- We accept: cash, check, major credit cards (Visa, Mastercard, and Discover) and \$25 fee for returned checks.
- We are providers of Care Credit. It's a dedicated credit card for health expenses. Convenient monthly payments, flexible terms, and special rates for patients. Please ask the front desk about how to sign up today. All accounts 120 days past due are at risk for collections.
- **In the case of divorce, adult patients and accompanying parents of minor children are responsible for payment, regardless of the terms of the divorce.** It is the responsibility of family members to resolve legal disputes among themselves, and their divorce terms do not take

priority over the contract between the doctor and the adult patient or the accompanying adult of a minor patient.

### **Missed Appointments, Late Appointments and Cancellations**

- For patients who arrive late to appointments, we allow a 15 minute grace period, after which we may attempt to contact patient by primary phone number.
- We require a minimum 24-hour notice prior to cancellation, except in cases of emergency, to avoid charges to the patient.

**Medical Records Copying and Transferring:** In general, Illinois and federal law require every health care practitioner to provide copies of patient records within 30 days of a proper request, upon payment of fees as set by law and adjusted yearly for inflation by the State of Illinois Comptroller. \$26.58 Additional handling fee for requesting party is the patient's attorney or insurer.

### **ASSIGNMENT OF INSURANCE BENEFITS**

I, the undersigned patient/insured knowingly, voluntarily and intentionally assign the rights and benefits of my automobile Insurance, also known as Personal Injury Protection (P.I.P.), and Medical Payments policy of insurance to the above health care provider. I understand it is the intention of the provider to accept this assignment of benefits in lieu of demanding payment at the time services are rendered and that this document will allow the provider to file suit against an insurance company for payment of the insurance benefits. This assignment of benefits includes overdue interest payments and any potential claim for common law or statutory bad faith. If the insurer disputes the validity of this assignment of benefits then the insurer is instructed to notify the provider in writing within five (5) days of receipt of this document. Failure to inform the provider shall result in a waiver by the insurer to contest the validity of this document. The undersigned directs the insurer to pay the health care provider directly without including the patient's name on the check.

The insurer is directed by the provider and the undersigned to not issue any checks or drafts in partial settlement of a claim that contain or are accompanied by language releasing the insurer or its insured/patient from liability unless there has been a prior written settlement agreed to by the health provider and the insurer as to the amount payable under the insurance policy or contract. The provider hereby objects to any reductions or partial payments. Any partial or reduced payment, regardless of the accompanying language, issued by the insurer and deposited by the provider shall be done so under protest, at the risk of the insurer, and the deposit shall not be deemed a waiver, accord, satisfaction, discharge, settlement or agreement by the provider to accept a reduced amount as payment in full. The insurer is hereby placed on notice that this provider reserves the right to seek the full amount of the bills submitted.

In the event the subject medical benefits are disputed by the insurer for any reason the undersigned hereby instructs the insurer to set aside any amount disputed (i.e., to escrow the money) and not pay the disputed amount to anyone, including myself, or any entity until the dispute is resolved. The insurer is instructed to immediately explain in writing to the above provider of any dispute. If the insurer schedules a defense examination or examination under oath (herein after "EUO") the insurer is hereby INSTRUCTED to send a copy of said notification to this provider. The provider or the provider's attorney is expressly authorized to appear at any EUO or IME set by the insurer. The health care provider is not the agent of the insurer or the patient for any purpose. This assignment applies to both past and future medical expenses and is valid even if undated. A photocopy of this assignment is to be considered as valid as the original. I agree to pay any applicable deductible, co-payments, for services rendered after the policy of insurance exhausts, and for any other services unrelated to the automobile accident. Real Health Chiropractic is given the power of attorney to endorse my name on any check for services rendered by Real Health Chiropractic Providers and to request any statements or examinations under oath the patient provided to any insurer.

### **Certification**

*I certify that: I have read and agree to the above; I understand that my insurance is an arrangement between myself and my insurance company, NOT between Real Health Chiropractic and my insurance company. I request that Real Health Chiropractic or its billing service prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctor(s) at Real Health Chiropractic that fees will be due and payable immediately. I have not been solicited or promised anything in exchange for receiving health care; I have not received any promises or guarantees from anyone as to the results that may be obtained by any treatment or service; I agree the Real Health Chiropractic prices for medical services, treatment and supplies are reasonable and customary.*

DATE \_\_\_\_\_

**Patient Signature** (\*If patient is a minor, signature of parent/guardian-verify relationship)

