

Financial Office Policies

1. You are ultimately financially responsible for your care in our office.
2. We accept many different forms of payment....
 - A. **Cash**
 - B. **Checks**—if check is returned there will be a \$25 return fee added for each occurrence, if your check is returned twice, we will no longer accept your check.
 - C. **Credit Cards**—we take Visa, MasterCard, American Express, Discover Card.
 - D. **Care Credit**— this is a healthcare credit card that allows to finance your care with 6 months interest free, this does have a application that you must qualify for.
 - E. **Auto Draft**—this can be done through your credit card or your bank account. A separate release form will be signed for this option.
 - F. **Personal Injury**— in this case a third party is responsible for your bill, remember you are still ultimately responsible for your bill so if they do not pay, or if you are paid directly for our bill it is still your responsibility to pay the bill. This option requires a signed lien by the patient and proof of the accident, ie: accident report by the police. We also recommend that you have an attorney to assist you in with your legal rights, if you do not have an attorney we can recommend some to you.
 - G. **Medicare**—Medicare does have chiropractic and some other medical services that are cover in our office. However they do not cover every service offered. This will be clearly explained and there will be an ABN to sign that you understand this. Remember that Medicare does not cover all conditions, they do not cover maintenance/preventive care. This means that when your condition become functionally stable they will not cover you. This is different for each patient and is tracked by our re-exams. We will go over the results of each re-exam with you on your subsequent visits.
 - H. **Major Medical Insurance**— *EACH INSURANCE PLAN IS DIFFERENT!* Most insurance plans have a portion that you will be responsible to pay called deductible, copay, and coinsurance. Your plan may have one or all of these. It is important that you understand your plan, that is why we verify your benefits for you complementary. (unfortunately this is not a guarantee of coverage, but we work with it the best we can) *REMEMBER THAT INSURANCE COVERAGE IS NOT GUARANTEED AND THAT YOU ARE STILL RESPONSIBLE FOR ANY PORTION INSURANCE DOES NOT COVER. IF YOU ARE USING AN FSA OR HSA THAT HAS SPECIFIC REQUIREMENTS IT IS YOUR RESPONSIBILITY TO KNOW THOSE AND FOLLOW THEM.* If you change your insurance company or if your insurance is terminated, you agree to notify and provide current information immediately.

**please be aware that our office is also known as Kirar Chiropractic Wellness and this may show up on your insurance statements. We welcome all questions so if there is something we can help you with please let us know.*

3. **Payment plans we offer...**
 - A. prompt pay—paid in full
 - B. monthly payment—paid on 1st or 15th of the month
 - C. weekly payment—paid on first visit of week
 - D. pay per visit—paid at time of service
4. **Payment plans** are set up in a way that you are paying for visits, if you use all your visits in your plan before you finish your payment plan, you will still be responsible for the remainder of your balance.
5. **Open door policy**— at any time if an arrangement you have made with our office is not working for you or if outside circumstances arise please let us know ASAP. We will strive to make new arrangement to help with your situation. You may call anytime and make an appointment to speak with one of the doctors or the financial officer about your financial situation for no charge.
6. **Discontinuing care**— we understand that sometime unforeseen circumstances may arise that will require you to discontinuing your care in our office. If this does occur, please notify us immediately so we can set up an exit exam that will close out your case. This will allow you to know exactly where you were when you left care.
7. **Unpaid balances**— if payments are not made to your unpaid balance, you will be responsible for all collection cost , and/or court costs.
8. **Refunds**— Once discontinued if you have a credit with us, we will refund any portion to you by check, or credit card (if that is how you paid). Note that refunds will take up to 30 days to receive and if you have any outstanding bills they will have to be paid before we issue a refund.

I have read and fully understand the financial office policy and agree to abide by these terms.

Patient Signature or Responsible Party

Date

Print Name

Witnessed by

Date