

KUTSCHMAN CHIROPRACTIC & ACUPUNCTURE CENTER

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. If you have any questions about our fees, financial policy or your financial responsibility, please ask the receptionist.

Until financial arrangements are complete, full payment is due at the time services are rendered.

* CO-PAYMENTS - By law we MUST collect your earner designated co-pay at the time of service. Please be prepared to pay that co-pay at each visit upon check in.

* NON CO-PAY PLANS - If your plan does not require a co-pay and we participate, we will accept the designated fee. You are responsible for any deductible and balance your plan indicates on their explanation of benefits.

* REFERRALS - If your plan requires a referral from your primary care physician it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, YOU WILL BE REQUIRED TO PAY FOR THE VISIT. It is then your responsibility to provide us with the referral as soon as possible.

* NON-PLAN PATIENTS - Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

* MEDICARE - We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the co-insurance, which can be billed to secondary insurance if you have one.

* PERSONAL INJURY (auto accident) - You must provide us with all information regarding any open insurance claims, attorneys, etc. for any personal injury cases. We require a lien in attorney cases. You will be responsible for your deductible and the 20% not paid by your policy. Some of this amount may be paid by your health insurance, so please provide us with both auto and health insurance data and forms.

* WORKERS COMPENSATION - If yours is a work related injury, your treatment must be authorized by your employer. Once authorized, we will bill the carrier directly.

* NON-COVERED SERVICES - Most insurance companies DO NOT cover home care items, orthopedic supports, supplements, herbs or NAET (Nambudripads Allergy Elimination Technique}. These services and supplies will be charged directly to you and are payable on receipt.

You are responsible for the timely payment of your account.

WE ACCEPT CASH, CHECKS AND CREDIT CARDS.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____