

SPENCER CHIROPRACTIC LLC

Billing, Insurance, & Privacy Policies

Welcome to our office! We continually strive to offer patients the best service and value when it comes to their health care. The policies outlined herein are to help you understand our billing, insurance and privacy policies. Recent laws require that any personal information given to this office be considered confidential. Our office has taken steps to protect your personal information. We are the custodian of your records and if at any time you would like to review your records, they will be made available to you.

ALL PATIENTS: Please have the courtesy of notifying this office, at least a full day in advance, if you are unable to make your scheduled appointment or need to reschedule your appointment. It has become necessary to charge cancellation and/or missed appointment fees. If you are unable to notify the office (until the same day as your scheduled appointment) of the need to reschedule, you will be assessed a \$20.00 rescheduling fee. If you miss the appointment without calling you will be assessed a \$30.00 missed appointment fee. Insurance companies, Attorneys, Worker's Compensation, etc. will not pay for missed appointments.

CASH PATIENTS: Payments for services are expected on the date services are rendered. Cash may be considered as "cash, check, or money order".

INSURANCE PATIENTS: As a service to our patients, we bill your primary insurance carrier for you. Any deductible amounts or co-payments will be due at the time of service. If your insurance does not pay on a bill that is sent to them, you will be billed for the outstanding balance. If you feel that your insurance company has made an error in refusing to pay on a claim, it will be necessary for you to call your insurance company to secure payment. In this case, you will also need to contact our office and inform us of the status of your account.

MEDICARE RECIPIENTS: As a Medicare provider, we will bill Medicare for services rendered. Medicare has a yearly deductible and a 20% co-payment which are the patient's responsibility and are due the date the services are rendered. Initial history and examination as well as therapies, other than the adjustment, are not covered services and payment is therefore due at the time of service. Medicare allows a minimum of 12 visits per year, but any additional care may be your financial responsibility, depending upon what Medicare deems medically necessary.

PAST DUE ACCOUNTS: We continually strive to avoid using the collection process to settle an account. We will make a concerted effort to work with patients to enable them to fulfill their financial obligations. All accounts will be considered delinquent and subject to collections 90 days after services are rendered unless specific arrangements have been made with this office. Should collections become necessary, you agree to pay all fees associated with collections, including interest (which will accrue at a rate of 18% per year, compounded monthly from the last date of service) and collection fees (which will be added in the amount of 25% of the principal amount owed), whether or not the account is turned over to an outside collections agency. You further agree to pay all court costs and attorney's fees should legal action become necessary.

Signature: _____ Date: _____

If you have any questions about your account or the policies we have in our office, please let us know. We will be happy to assist you.