

Financial Policy

We find that our clients appreciate knowing in advance what is expected of them financially and what terms and conditions are available. Please read the following information carefully. If you should have any questions please direct them to our Front Desk Staff. All patients are free to choose between the Necessary Paperwork Plan and the Paper Reduction Plan for their financial policy with Front Street Chiropractic.

DEFINITION:

Necessary Paperwork: (Third Party Pay / Insurance)

This fee schedule is higher than the Paperwork Reduction Plan, as necessary paperwork is inevitable when insurance is billed. Charges are billed either to the patient, another party, or an insurance company.

Paperwork Reduction: (Private Pay)

Under this payment method, charges for services are paid in full immediately after they are delivered, and no paper work is performed, other than a receipt. We accept Cash, Check, Visa, MasterCard or Discover as payment

ADMINISTRATIVE SERVICES THAT ARE NOT COVERED:

Since a reduced fee is charged for services, no documents will be supplied to the patient for reimbursement by a third party, including copies of medical records, completion of forms or questionnaires, writing of report, preparation of insurance bills, etc. However, a receipt will be given at the time of payment.

IF ADMINISTRATIVE SERVICES ARE REQUESTED:

If any of the previously mentioned documents are requested subsequent to payment of the reduced fee, the difference between the reduced charge and the billed charge will be paid by the patient (on all related services) prior to the preparation of the documents.

THIS PAPER REDUCTION PLAN IS SET BY THE CLINIC AND IS ONLY IN EFFECT AS LONG AS YOU ARE KEEPING THE SCHEDULE THE DOCTOR HAS SET FOR YOUR CARE. IF YOU REPEATEDLY MISS APPOINTMENTS AND DO NOT ADHERE TO THE SCHEDULE THE DOCTOR HAS SET FOR YOU, YOU WILL NOT BE ELIGIBLE FOR THIS PLAN.

REQUIREMENTS TO RECEIVE THE PAPER REDUCTION FEE SCHEDULE:

1. Keep the schedule the doctor sets for you.
2. Pay at the time of service.
3. Never carry a balance.
4. Require no paperwork from our financial department, only a receipt at the time of your service.

INSURANCE:

For most patients who carry insurance, you must bring a completed insurance form or card with you each time you are treated in our office. As a courtesy, this office will file a claim for your treatment with your insurance company and will accept assignment of benefits providing you pay all patient deductibles and estimated percentages at the time of your visit. We accept no responsibility in collecting overdue insurance claims or negotiating settlement on disputed claims. You are responsible for the total charges or any difference remaining following payment by your insurance company. If your insurance has not made payment or you feel that your insurance company has not made correct or adequate payment on your account, you must contact them first to discuss the matter. Please request that your insurance company provide you with a confirmation number as a record of your follow-up with them. We will not resubmit claims until this has been done.

PATIENT PAYMENT:

As a condition of treatment by this office, all patient portion of fees must be paid at the time the service is provided. Payments may be made by Cash, Check, Visa, MasterCard, or Discover Card. Any other payment arrangements must be authorized in advance by our Business Office.

COMPLEX NARRATIVE REPORTS:

These reports, as needed in litigation, are expected to be compensated by the party that requests the report. The terms will be agreed upon prior to the preparation of the report.

APPOINTMENT COMMITMENT:

When we schedule an appointment for you, two events occur: 1) We will hold that appointment time for you, and 2) we trust you will arrive ON TIME for that appointment. If you are late for an appointment, we will do our best to fit you into our schedule, however, it may be necessary to reschedule your appointment. Our policy is that the first time an appointment is missed we will give a warning of a fee. The second time this occurs you will be charged a fee of \$25. If subsequent appointments are missed or cancelled with short notice you may be discharged from our practice.

IF YOU WISH TO BE BILLED:

You will have 30 days from the date of your statement to pay your bill in full without being charged interest.

A rate of 1.75% interest will be added to the balance each month thereafter. This amounts to 21% on a yearly basis.

Front Street Chiropractic

901 Front Street, Suite 120
Louisville, CO 80027
Phone 303-604-2987
Fax: 303-604-2997

PATIENT FINANCIAL POLICY

Patient Name _____

Account Number _____ Effective Date _____

I understand that my chiropractic care in this office may vary in cost, depending on what services I receive.
The policy I choose is: (Please mark one.)

THE NECESSARY PAPERWORK PLAN: _____

THE PAPER REDUCTION PLAN: _____

TYPICAL BASIC SERVICES:

- A. Initial Consultation
- B. Exams and Re-exams
- C. Chiropractic adjustments
- D. Physiotherapy
- E. Exercise programs

Qualifications for Paperwork Reduction Plan

1. No paperwork other than a receipt at the time of service is provided.
2. Payment in full is made each visit.
3. Never carry a balance on your account.
4. Keep your appointments and the schedule set by your doctor.

OUR NORMAL FEE SCHEDULE

PAPER REDUCTION FEE SCHEDULE

Spinal adjustment.....\$74.00
 Therapies.....\$25.00-\$75.00
 Initial Exam.....\$50.00 - \$155.00
 Emergency Visit ...\$50.00-\$100.00
 Missed Visit \$25.00

Spinal adjustment.....\$45.00
 (Spinal Adjustment with some soft tissue work)
 Attended Therapies.(Extra time required)
 (soft tissue, flexion/distraction, exercise plans)...\$20.00
 Unattended Therapies...(roller table, EMS).....\$10.00
 Initial Exam.....\$30.00 - \$75.00
 Family Plan...(adjustment only)...1st person adj.....\$45.00
 2nd adult adj.....\$27.00
 child adj (2nd family member)..(under 17).....\$27.00
 Nutritional Consult (with Adjustment 15 Min.).....\$25.00
 Emergency Visit\$50.00-\$100.00
 Missed Visit \$25.00

I authorize all insurance companies, third party payors and attorney's to make direct payment of my benefits to Front Street Chiropractic Center for all monies due my account for the services I have received. If my policy prohibits assignment, I direct my insurance company to mail all checks made payable to me, directly to Front Street Chiropractic, at 901 Front Street, Suite 120, Louisville, CO 80027.

Patient / Authorized Signature

Date