

CLEARVIEW CHIROPRACTIC WELLNESS CENTER
FINANCIAL POLICY

It is important that you understand that health & accident insurance policies are an arrangement between an insurance carrier & you, the patients, their insured. This office will prepare any necessary reports & forms to assist you in making collection from your insurance company. Any amount authorized to be paid directly to this office, will be credited to your account upon receipt. Anyone that pays at the time of service must pay by cash, check, debit or credit card on each day of service. Payment is to be made prior to seeing the doctor. This pertains to all time-of-service payments. You must clearly understand & agree that all services rendered are charged directly to you & that you are personally responsible for payment.

*** Please notify us if this visit is a result of: work-related accidents, automobile accidents, or other accidental injury. Billing to any Workers Compensation, Auto Insurance for Personal Injury or Attorney, may not be done retroactively by law. You must notify our office before any services have been rendered so the appropriate information & documentation is collected. ***

Please read the following if you are covered by:

1) Health Insurance

- A. Most insurance policies cover Chiropractic care with a yearly deductible & pay a percentage of the services. We have established the policy of requiring each patient who files insurance claims through this office to pay his/her deductible & to pay their co-pay on each & every visit.
- B. Your insurance coverage will be called on to verify coverage & the deductible amount.
- C. If you receive payment from your insurance carrier, you need to bring the check into the office along with the explanation of benefits that you receive, so that we may deduct it from your balance. We receive notice from the insurance carrier that payment has been made to the patient, so please cooperate with us in bringing the endorsed checks & explanations to us.
- D. If you discontinue your care for any reason, you will be responsible for any unpaid balance.

2) Medicare

- A. Medicare covers treatment only, after your yearly deductible is met, as long as you have current x-rays.
- B. You are responsible for the deductible amount.
- C. Examinations & x-rays are not covered by Medicare or applied to your deductible; therefore you are responsible for payment.
- D. We cannot determine just how many visits Medicare will pay; this can vary.
- E. We will file all of the proper forms to Medicare for you.

3) None of the Above

- A. Payments for services are due & payable at the time of service, prior to seeing the doctor.

I understand & agree that health & accidents insurance policies are an agreement between an insurance carrier & me. Furthermore, I understand that Clearview Chiropractic Wellness Center will prepare any necessary reports & forms to assist me in making collection from the insurance company & that any amount authorized to be paid directly to Clearview Chiropractic will be credited to my account upon receipt. However, I clearly understand & agree that all services rendered are charged directly to me & that I am personally responsible for payment. I also understand that if I suspend or terminate my care & treatment for any reason, any fees for professional services rendered me will be immediately due & payable in full.

Signature: _____ Date: _____

*Parent or Guardian signature: _____ Date: _____

**Required if any person other than the patient being treated is preparing this form. Signature indicates consent to care of a minor child.*

X-RAY QUESTIONNAIRE - *For Women Only*

Our consultation & examination may indicate that x-ray's are necessary to accurately diagnose & analyze your spinal condition. Should x-rays be necessary, we would like to **confirm** that you are **not pregnant** at this time.

- There is a **possibility** that I may be pregnant at this time.
 YES! I am **definitely** pregnant.
 NO, I am **not pregnant** at this time.

Signature: _____ Date: _____

PRINTED Name: _____