

## FINANCIAL POLICY

**Our recommendations are based on a desire to see you get well and stay well. We ask that you read, initial and understand our policy as it applies to your particular situation.**

### INSURANCE PAYMENT

*The staff of Euphoric Healing* will attempt to verify your insurance coverage before your first adjustment or Chiropractic service. *Euphoric Healing Chiropractic Clinic* will inform you either in writing or verbally the amount your insurance company will cover. Promotional new patient rates are typically the responsibility of the patient and are not billed to your insurance (you may use your receipt for reimbursement purposes). You can choose to decline the promotional rate and use your insurance on the initial visit by informing the front desk personnel. *The insurance company does not guarantee payment. Euphoric Healing Chiropractic Clinic* will make every attempt (including asking you to contact the insurance company, if needed) to obtain payment on your behalf. *If your insurance claim is not paid or if the insurance company sends the payment to you, you will personally be responsible for any balances on your account. Co-payments and payments toward the deductible are due at the time of service.*

MEDICARE NOTE: Medicare typically covers 80% of the spinal adjustments. All other services are the patient's responsibility and are due at the time of service.

SECONDARY INSURANCE NOTE: If you have secondary insurance, we require that you pay the unpaid deductible and/or co-pay for the primary insurance at the time of service.

\_\_\_\_\_ (initials)

### CASH, CHECK, CREDIT CARD PAYMENTS

Payment is expected in full at the time of each visit. In the event a check is returned once for nonsufficient funds, a charge of \$30.00 will be added to your account and will be due at the next visit to *Euphoric Healing Chiropractic Clinic*, or on the statement date. On the second occurrence of non-sufficient funds, you will be asked to make remaining payments by cash, credit card or money order. \_\_\_\_\_ (initials)



### **WORK INJURY PAYMENTS**

If you were injured at work, your employer's Workers Compensation Insurance may pay for your bill. Please make a formal accident claim to your employer and obtain the insurance carrier of your employer. ***Euphoric Healing Chiropractic Clinic*** will bill the insurer on your behalf. *If your insurance claim is not paid or if the insurance company sends the payment to you, you will personally be responsible for any balances on your account.* \_\_\_\_\_ (initials)

### **AUTOMOBILE INJURY OR PERSONAL INJURY PAYMENTS**

Please present your automobile insurance card and your health insurance card. You can choose (1) to pay cash and ***Euphoric Healing Chiropractic Clinic*** will provide you with a statement of your charges for reimbursement. (2) Accept assignment and ***Euphoric Healing Chiropractic Clinic*** will bill your auto and/or health insurance on your behalf. *If your insurance claim is not paid or if the insurance company sends the payment to you, you will personally be responsible for any balances on your account.* Option 1

\_\_\_\_\_ (initials)      Option 2 \_\_\_\_\_ (initials)

### **MEDICAL SAVINGS ACCOUNTS**

***Euphoric Healing Chiropractic Clinic*** will be happy to provide you with a statement of your charges for reimbursement. Please allow a minimum of 5 days for processing. \_\_\_\_\_ (initials)

*I have read the financial policy as it applies to me. I have indicated my understanding by my initials above and my signature below.*

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Patients Signature

Date