## Primghar Chiropractic Center Heather J. Einck, D.C. OFFICE FINANCIAL POLICY

In compliance with Federal and State Consumer Protection and Informed Consent Laws, we present the following basic outline of usual and customary procedures and fees:

Initial Examination \$60 Office visit/ adjustment \$44 Laser \$15 Therapy \$20 Rehabilitation \$15 Fees of other services upon request

- 1. If you do not have insurance: All payments are expected at the time of service, unless alternate arrangements have been made with our billing clerk. There is a \$25 service charge on all returned checks.
- 2. If you have insurance: All deductibles and copayments are expected at the time of service. It is my responsibility to provide Primghar Chiropractic with a signed and completed insurance form. After the clinic receives payment from my insurance company, I will be billed for any balance due. *Any procedure not covered by your insurance will have to be paid by you at the time of service.* If allowed <u>visits</u> from your insurance company are exceeded it is your responsibility to pay the fee occured.

**Wellmark, Corvel, Midlands Choice, Accountable Health Plan,** Primghar Chiropractic Center is recognized as a participant provider for these insurances. Therefore, Primghar Chiropractic Center accepts what these insurances allow and I am responsible for the difference between what insurance pays and what insurance allows, which may include non-covered charges, copayments and deductibles. I, as a patient, agree that I am responsible for payment of any service Wellmark, Corvel, Midlands Choice, Accountable Health Plan Declares "not medically necessary".

**Medicare:** Heather J. Einck, D.C. is an assigned provider in the Medicare program. Only spinal adjustments are covered charges. Any other services, i.e, therapies, rehabilitation, stretch and examination are non-covered charges. However, an exam or x-rays are mandatory in order for spinal adjustments to be covered. A maximum of 24 treatments per year.

**Medicaid (Title XIX):** If you are under the age of 21, pregnant or live in a care facility, there is no co-payment for adjustment. If you are over 21, you are expected to pay \$1.00 at the time of each visit. Only spinal adjustments and x-rays are covered charges. Any other services, i.e., therapies, rehabilitation, stretch and examination are non-covered charges. However, patients 19 and older x-rays are mandatory in order for spinal adjustments to be covered. X-rays must be done 12 months before or 3 months after initial visit.

Category I diagnoses allow a maximum of 12 treatments per year. Category II diagnoses allow a maximum of 18 treatments per year. Category III diagnoses allow a maximum of 24 treatments per year.

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