



Buckeye Health & Rehabilitation
FINANCIAL POLICY

We believe a clear definition of our financial policy will allow us to concentrate on the big issue, "Regaining and Maintaining Your Health." We feel the patient's health needs are of the utmost importance.

WORKER'S COMPENSATION & PERSONAL INJURY

Your insurance through your employer or your auto insurance will normally pay 100% of chiropractic costs due to your accident or injury. It must be understood that you are responsible for your bill in the event the insurance denies payment for any reason. After the doctor feels that you have recovered from your accident or injury, the insurance company will be notified. Any necessary care beyond this point must be billed through your group health insurance.

MEDICAID

Medicaid will normally pay 100% of chiropractic costs. As of January 1, 2004 Medicaid coverage has been eliminated from the Ohio Medicaid Program for adults 21 and over. Patients under 21 are still covered under the Ohio Medicaid Program.

FINANCIAL HARDSHIP

Patients who feel that they have financial hardship for whatever reason can apply for financial hardship. It must be understood that you are responsible for your bill each and every visit. A new and updated application is required for each month in which services are provided.

MEDICARE

Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payments for that service.

TIME OF SERVICE

In an effort to keep our office cost low by saving time and paper work, we offer all of our patients a time of service (TOS) discount and TOS packages. All patients are offered these discounts and packages and have the opportunity to take advantage of these savings.

Our Policy is to extend to you the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under care.

1. **If You Do Not Have Insurance:** All payments are expected at the time of service or by an authorized payment plan. Your co-insurance balance may not exceed \$100 at any time or care may be terminated. Our payment plans make care an affordable part of your family budget.
2. **If You Have Insurance:** All deductibles and co-payments are expected at the time of service or by an authorized payment plan. Your co-insurance balance may not exceed \$100 or care may be terminated. Our payment plans make care an affordable part of your family budget.

You are considered a cash patient until you bring in your completed insurance forms, and we qualify and accept your insurance coverage. We do not accept assignment for secondary insurance carriers, but will be happy to provide you with a claim form for your secondary carrier.

Our fees are considered usual, customary and reasonable by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard and of care in this area.

If your carrier has not paid a claim within sixty (60) days of submission, you agree to take an active part in the recovery of your claim. If there is no payment from the insurance company within 60 days, I agree to begin paying for services as they are rendered. If your insurance carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance and authorize us to use your credit card to collect full payment.

When your schedule of visits is once per month or longer, you will not be eligible for insurance assignment. Charges for services rendered will be due as they are rendered or by an authorized payment plan. We will continue to provide you with an insurance claim form.

If you discontinue care for any reason other than discharge by the doctor, all balances will become immediately due and payable in full by you, regardless of any claim submitted and that my account must be kept current in order for services to be rendered.

The above financial policy has been explained to me and I understand it fully. I understand that I am fully responsible for my bill in the event that my insurance company denies payment for any reason. By signing the CONSENT/RELEASE RECEIPT I am acknowledging receiving, reading, and understanding the above FINANCIAL POLICY.

Patient's Signature (Guardian's Signature if Minor): _____ Date: _____

Witness' Signature: _____ Date: _____