

## Insurance Policies and Guidelines

We would like to take this moment to inform you how our office will utilize your insurance benefits.

We ITEMIZE all of our services. The reason for this is to let your insurance company know exactly what was done on each visit. In reporting to your insurance company, we are responsible to them on your behalf, to accurately inform them of your health condition, progress, complications, exacerbations, unusual circumstances and we also have to let them know how long we anticipate your need for our care and at what frequency.

Below is a current list of our services and charges as they will be billed to your insurance company. All fees are based on our professional association's guidelines for our specific geographical area (fees are reviewed each year for accuracy).

Doctor-Patient Consultation	\$110
New Patient Examination	\$50-334
Re-Examinations/Report of Findings	\$77-163
Chiropractic Spinal Adjustment	\$60-75
Chiropractic Extra-Spinal Adjustment	\$60
Neuromuscular Re-education	\$60
Therapeutic Exercises	\$55
Manual Therapy	\$60
Chiropractic X-ray Studies	\$50-230

Because we itemize all our services, the charges per visit can vary from \$50-250 per visit depending on what kind of services were performed on that specific visit. We KNOW that there are many charges that WILL NOT be paid by your insurance company for various reasons written into your policy agreement.

We expect to receive denials on claims as that is the nature of the insurance industry. However, we are still going to bill for everything that we do, whether we get paid or not, as to adequately communicate with the insurance companies exactly what was done on each visit.

You are responsible for your deductible and any co-pay that your policy says that you must pay. If you have an 80% / 20% policy, then the amount you are responsible for is 20%. You are also responsible to pay for your yearly deductible as per the policy agreement you have with your insurance company. Once we have received statements back from your insurance company showing the exact amount that was applied to your deductible, we will present it to you and ask for payment. This ensures that you do not over pay for your deductible. Initial\_\_\_\_\_

Any payments made and sent to you by an insurance company or paying party in regard to services you have received in our office needs to be brought in to our office to be applied to your account. Payments not brought in to our office will be considered outstanding and payment for these past due bills will be your responsibility. Initial\_\_\_\_\_

We request that you bring in any insurance correspondence that you may receive so that we may accurately follow up with your insurance company on your behalf.

Please sign your name below to indicate that you have read and understand the above information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date