

OFFICE FINANCIAL POLICY

CASH

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis with a credit/debit card arrangement on file. Any such plan or arrangement will be discussed during your financial care plan visit. This office uses ClearGage LLC as our payment plan provider. Representatives from ClearGage LLC may contact me if a payment fails.

Initials

INSURANCE

1. We accept assignment for Blue Cross Blue Shield as a courtesy to you with the following exceptions and regulations. Those insurance companies which we do not accept assignment we will verify your insurance benefits as a courtesy to you.
 - a. I authorize Live Well Chiropractic LLC. to verify my insurance benefits
2. You are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with the same, as your contract is between you and your insurance company.
3. Whenever you receive any worksheets from your insurance company or explanation of benefits, please bring this information into this office as soon as possible. We must have a copy of this to determine whether proper payment has been made. If you should receive a check from your insurance company during our billing, you must bring it into this office upon receipt. If any overpayment exists after all insurance billing has been done, we will issue you an overpayment check- it will not come from your insurance company. All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due.
4. Any services not covered or coverage reductions by your insurance will be your responsibility.
5. This office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disrupted claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.
6. If the patient is referred to another specialist or discontinues care for any reason, their account balance is due and payment in full is required immediately.
7. If you have questions concerning this or any other matter, please speak with the front desk prior to seeing the Doctor.

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8. Patients may be refused services based on the following criteria: Any patient not on a pre-arranged payment plan with an account balance of \$250 or greater must pay for that days services at the time they are rendered. This patient must also make a payment arrangement for the outstanding account balance.

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9. This office may make payment plan arrangements on an individual basis with a credit/debit card arrangement on file. Any such plan or arrangement will be discussed during your financial care plan visit. This office uses ClearGage LLC as our payment plan provider. Representatives from ClearGage LLC may contact me if a payment fails.

Thank you.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient's Signature

Date