



Concord Clinical Health Center  
56 Winthrop Street  
Concord, MA 01742

### **BLUE CROSS BLUE SHIELD OF MASSACHUSETTS**

Dr. Robichaud is a participating provider in all BCBS of MA products. While chiropractic services are generally a covered benefit for all plans, products do vary. We encourage you to contact the customer service department at BCBS to verify your benefits.

Many BCBS plans now are high deductible, high co pay plans. We will bill BCBS for your services here, but require your co payment be made at the time services are rendered. If charges are applied toward a deductible, you will receive remainder billing on a monthly basis. We require payment be made within 30 days of receipt of your bill.

In some cases, BCBS of MA will send the patient a questionnaire to verify you are receiving treatment, and that your problem is not related to either a motor vehicle accident or work related injury. It is important you respond to these requests, should you receive them, to avoid rejection of claims. It would then be your personal responsibility to pay for services denied by BCBS.

BCBS plans do not cover maintenance care, and are intended to cover care rendered to an active condition or problem. The basic chiropractic benefit covers 12 sessions per year (policy year). Should you exhaust your visits, you will be responsible for payment for the additional treatment sessions. The charge is \$50.00 per office visit. If there are extenuating circumstances regarding your condition (new injury requiring new treatment of a new problem) we can appeal for an extension in benefits. It has been our experience BCBS will extend benefits for only 1-2 additional sessions.

BCBS recently changed its policy regarding the coverage of supportive modalities like ultrasound(US) and electrical muscle stimulation(EMS). Ultrasound is covered but EMS is not. If you receive EMS therapy as part of your treatment it will not be covered by BCBS and you will be responsible for the service. This is a \$15 charge over and above your co payment.

I have read this document, and understand the policy.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_