



Concord Clinical Health Center
56 Winthrop Street
Concord, MA 01742

TUFTS HEALTH PLAN

Dr. Robichaud is a participating provider within the Tufts Health Plan Network. However, THP offers many different plans, and the employer can select chiropractic services as an option- it is NOT always a covered benefit. We suggest you contact member services, and verify if your plan covers chiropractic treatment.

There are three procedures we provide here at the Center under the chiropractic practice.

- 1) Physical examination- Required by law on all new patients to determine a diagnosis for your presenting complaint.
- 2) Spinal manipulation- Done each session to restore proper movement in the spine.
- 3) Physiotherapy- A supportive modality done in conjunction with the spinal manipulation to reduce pain, relax muscle and improve circulation.
- 4)

While the Physical examination and spinal manipulation are standard covered benefits, most Tufts plans do not cover the physiotherapy charge. If they do not cover the charge there is an additional charge of \$15.00 per office visit above your co payment. Recently, Tufts changed their policy regarding provider re-imburements for patients receiving treatment on their initial date of consultation. Dr. Robichaud can perform the history and physical examination, but will no longer be able to bill your insurance for the treatment done on the same date of service. We are giving patients the option of coming back on a different day for their treatment, OR having a treatment on the same day, but paying an extra \$25.00 above the normal co payment. The staff will ask which you prefer.

THP sometimes partners with Cigna Health Plans with some of their products. Dr. Robichaud is NOT a participating provider within the Cigna network, so your claims would be processed toward an out of network deductible. You will be expected to pay for services at the time they are rendered. We will submit claims to Cigna on your behalf for processing. Once you have met your deductible, and payments become available directly from Cigna, we will await payment from them, and forward you a remainder statement for any co payments due after claims are paid.

I have read this document, and understand the office policy.

NAME: _____ DATE: _____

OFFICE POLICY UPDATE: 2018

To: All Tufts Health Plan Members

Dr. Robichaud has been a participating provider in the Tufts Network since 1986, and would like to continue to do so. However, Tufts has not increased the provider fee schedule in the past decade for chiropractic office visits. The rate has been set at \$39.00 per session, which is lower than the usual \$50.00 per visit charge.

In a routine office visit Dr. Robichaud will take your recent history, perform a brief evaluation of your complaint and render a manipulation (adjustment) to the spine. In order to make the adjustment more comfortable and effective, he will also routinely apply a hot pack to your spine, do some massage, treat your trigger points, stretch the tight muscles and advise you on appropriate exercises to address your problem. While all of the “additional” services can be billed separately under the terms of our provider contract with Tufts, Dr. Robichaud has chosen not to bill for them.

In 2018 we will be billing Tufts a line item charge of \$5.00 under the procedure code 97140 (manual therapy). This charge will not be covered by Tufts, and you will be responsible for an additional \$5.00 charge above your normal co payment. This will bring the office encounter to \$44.00 which is in line with what BCBS and Medicare allow for a chiropractic office visit.

Our other alternative is to drop from the Tufts Network.

Should Tufts update their fee schedule to reflect an allowed rate closer to \$44.00 we will consider dropping the additional charge for manual therapy. We are required under the terms of our current provider contract you make you aware you will be responsible for an additional charge of \$5.00 over and above your copayment for services rendered in 2018.

We would be happy to provide you with a copy of this policy update if you would like one.

NAME: _____ DATE: _____