

BROADSTONE CHIROPRACTIC 2020 FINANCIAL POLICY

We are committed to providing you and your family with exceptional Chiropractic care in a healing environment. As such, we have established a financial policy to achieve that goal. If you do not have insurance that contributes to Chiropractic care, or if your benefits have been exhausted, we have a wellness plan available. Our motto here at Broadstone Chiropractic is “Health is Within You” and we are committed to providing you the care you need to allow the fullest expression of your health.

Most Common Services	Billed Fee
Initial Examination	Between \$70-\$85*
Established Patient Re-evaluation	\$65.00
Chiropractic Adjustment 1-2 areas or 3-4 areas or 5 areas	\$50.00
Extraspinal Adjustment	\$15.00
Myofascial Release	\$15.00
Electrical Stimulation Therapy	\$15.00
Cryotherapy	\$10.00
Intersegmental Traction Therapy	\$15.00
Exercise Prescription	\$15.00
Wellness Plan six (6) month contract	See Wellness Agreement
Office Visit Package- Four (4) visits / Eight (8) visits	See Package Pricing Menu
Choose Healthy Affinity Program (25% off all Chiropractic Services)	See Below for details

Patients with Insurance (including Medicare)

Co-pays, co-insurance and deductibles are due at the date of service.

Broadstone Chiropractic’s Responsible for:

- Verifying your insurance eligibility & benefits. The information provided by your insurance company is not a guarantee of payment on their part.
- Collecting your copay, coinsurance, deductible and or 100% of services not covered by your insurance carrier at the time of service
- Billing your insurance company
- Notifying the patient of any outstanding balance there may be once the Explanation of Benefits (EOB) from your insurance company has been received

Patient is Responsible for:

- Verifying your own insurance eligibility & benefits annually before any services are rendered
- Paying your copays, co-insurance, deductible and or 100% of services not covered by your insurance carrier at the time of service
- Paying for services not covered due to unmet deductible, coinsurance amount or policy exclusions at the time of service or once the Explanation of Benefits (EOB) from your insurance company has been received

Insurance is a contract between the patient and their carrier, so it is important that you take responsibility for understanding your benefits.

****The cost for the initial exam is dependent upon the complication level of the exam.***

Personal Injury (PI)/Auto Accident

- Please present your auto insurance card, your health insurance card, and inform us if you have retained an attorney. Most PI claims are covered 100% by your auto insurance company through your Med Pay portion of your policy. It is your responsibility to provide to our office with:
 1. The name(s) of any claims adjuster/attorney, etc. handling the case
 2. Your Claim Number
 3. Mailing address to send the bills
- There are three options available to the PI patient:
 1. Pay cash for your care and we will submit reports whenever necessary.
 2. We will bill the Med Pay portion of your auto insurance
 3. We will bill your standard health insurance plan and you will be responsible for all co-pays, co-insurance and deductibles as they are incurred. You will also be responsible for paying for any reports required for your case at a cost of \$200 per hour.

Patients without Insurance, Exhausted Benefits, Choose Healthy Affinity Program

- We offer a six (6) month Wellness Plan to allow you access to Chiropractic care at a reduced fee (see Wellness agreement for details)
- We offer Office Visit Packages at a reduced rate as listed above.
- We gladly accept all forms of payment for services rendered (cash, check or charge). Payment is due at the time of service.
- For certain insurance policies that do not offer Chiropractic Benefits a discount of 25% off Chiropractic Services is provided for those that qualify. A list of qualifying policies will be provided when requested.

By signing below, I indicate that I have read and that I understand the 2017 financial policy of Broadstone Chiropractic. I also understand that if I have insurance, or a valid auto compensation claim, my carrier may pay for some to most of the charges listed on page 1, but no benefits are guaranteed. I understand that I am ultimately financially responsible for all services not paid by insurance or other third party. Should there be a balance due at the end of my treatment plan, I will receive an invoice for the amount and pay it promptly, or contact the office to make payments arrangements.

Patient Printed Name: _____

Form is completed by check on: Self Parent and or Guardian

Signature: _____

Date: _____