

## *Back Specialists of the Midwest, LLC* FINANCIAL POLICY

*Great health is a gift that starts and stops with you!*

Your choice to visit *Back Specialists of the Midwest, LLC* is an investment in your health and well-being. Thank you for choosing us in your desire to feel great and pursue wellness. We have several options to help you with the financial aspect of your care. We ask that you read each policy and initial each section as you go. Feel free to ask questions as they arise.

### **INSURANCE Policy**

*Back Specialists of the Midwest, LLC* will make every effort to verify your insurance coverage before your first visit. We will inform you as soon as we are aware of the facts pertaining to your personal coverage. Because the insurance companies do not guarantee benefits we suggest that you make contact with your carrier directly as well. *Back Specialists of the Midwest, LLC* will make every attempt to obtain payment on your behalf. We may at times request your assistance to obtain payment on your behalf from the insurance carrier. Your immediate attention to this request is anticipated and necessary to secure payment in a timely fashion.

*If your insurance claim is not paid or if the insurance company sends the payment to you, you will be personally responsible for any balance on your account. Co-payments and payments toward the deductible are due at the time of service. \_\_\_\_\_(initials)*

*Note: If you fail to present us with an insurance card on your first visit you will be required to make a 30% co-payment at each visit as services are rendered until the appropriate insurance information has been obtained and verified.*

### **MEDICARE/MEDICAID Policy**

Medicare typically covers 80% of the spinal adjustments. All other services are the patient's responsibility and are due at the time of service unless secondary coverage exists. \_\_\_\_\_(initials)

Medicaid provides you with verification of coverage and must be passed along to us at your first appointment. If you fail to do so we will bill you directly for care rendered. \_\_\_\_\_(initials)

### **CASH, CHECK, CREDIT CARD Policy**

If you prefer to make personal payment for your care we are happy to pass along a discount. This discount applies to time-of-service payments only. Insurance will not be filed on your behalf.

Check: Payment is expected in full at the time of each visit. In the event a check is returned once for non-sufficient funds, a charge of \$30.00 will be added to your account and will be due at the next visit to *Back Specialists of the Midwest, LLC*. On the second occurrence of non-sufficient funds, you will be asked to make remaining payments by cash, credit card or money order. \_\_\_\_\_ (initials)

**WORK INJURY Policy**

If you were injured at work, your employer’s Workers Compensation Insurance may pay for your care. You must make a formal accident claim to your employer and obtain the insurance carrier of your employer. *Back Specialists of the Midwest, LLC* will bill the insurer on your behalf. *If your insurance claim is not paid or if the insurance company sends the payment to you, you will be personally responsible for any balance on your account.* \_\_\_\_\_ (initials)

**AUTOMOBILE INJURY OR PERSONAL INJURY Policy**

Please present your automobile insurance card and your health insurance card. You can choose:

- (1) To pay cash and *Back Specialists of the Midwest, LLC* will provide you with a statement of your charges for reimbursement.
- (2) Accept assignment and *Back Specialists of the Midwest, LLC* will bill your auto and/or health insurance on your behalf. *If your insurance claim is not paid or if the insurance company sends the payment to you, you will be personally responsible for any balance on your account.*

Option 1 \_\_\_\_\_ (initials) Option 2 \_\_\_\_\_ (initials)

**MEDICAL SAVINGS ACCOUNT Policy**

*Back Specialists of the Midwest, LLC* will be happy to provide you with a statement of your charges for reimbursement. Please allow a minimum of 3 days for processing. \_\_\_\_\_ (initials)

*I have read the financial policy as it applies to me. I understand that Back Specialists of the Midwest, LLC reserves the right to assess interest on any and all unpaid balances remaining in excess of 90 days post care.*

*I have indicated my understanding by my initials above and my signature below.*

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date