Brookside Chiropractic Clinic
Patient Financial Policy

Thank you for choosing Brookside Chiropractic for your chiropractic needs. The patient financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Your understanding of and compliance with our Patient Financial Policy is important. Please read the policy below and ask the staff any questions you may have and sign where indicated. The original will be maintained in your file and a copy may be provided to you upon request.

Updated Change of Information or Insurance
It is your responsibility to make us aware of changes in address, employment, insurance, etc. If you fail to provide us with the correct updated information, you may end up being responsible for the entire cost of services rendered and immediate payment will be expected.

Insurance Claims
Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company and any secondary insurance as a courtesy to you for 60 days. If we have not received full payment from your insurance company within that time, we will invoice you directly for any outstanding amount. Your insurance company may request information directly from you; your failure to timely comply with your insurance plans request may result in your claim being denied and if so, will result in our seeking full reimbursement from you for services rendered. In order to properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance plans, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowances. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Self-Pay Accounts
After seeing the doctor and upon check-out, you will be required to pay for any and all services rendered. Self-pay accounts are patients without insurance, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient’s responsibility to know if our office participates with your plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Extended payment arrangements are available if needed. Please speak with our Office Manager, Lisa, to discuss an agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

REFERRALS/ AUTHORIZATIONS
Some insurance plans require a referral/ authorization from a primary care physician to obtain services of a specialist, such as a chiropractor. If your insurance company requires a referral, you are responsible for obtaining this document. Obtaining a prior authorization for services is not a guarantee of payment of benefits. Failure to obtain the referral may result in a lower payment or no payment from the insurance company and the balance will be your responsibility.

CO-PAYMENTS, DEDUCTIBLES, & CO-INSURANCE
All co-payments, deductibles, and co-insurance must be paid at the time of service. Collecting payment of your co-payments, deductibles, and co-insurance is part of our contract with your insurance company. Our failure to collect these payments would be a violation of billing compliance and would be considered an act of fraud by your insurance company.

METHODS OF PAYMENT
We accept the following methods of payment: Cash, Check, Money Order, Debit Card, MasterCard, Visa, Discover, American Express, and TapPay (Apple or Google). There is a 3.5% fee to used any card or tap pay. This included HSA/FSA cards.

RETURNED CHECK
A returned check fee of **$30** will be added to your account for every check returned for insufficient funds, stopped payment, or closed accounts. After the second occurrence, only cash, money order, or credit card will be accepted as payment.

NO CALL- NO SHOW
Please call if you are unable to make your appointment; this allows us ample time to fill the vacant opening. There will be a $20 charge for a no call- no show appointment on the second offense.

Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you may have regarding your coverage.

This is an agreement between Brookside Chiropractic Clinic and the patient/ responsible party signed below. By executing this agreement, you are agreeing to pay for all services that are received.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ABIDE BY ITS GUIDELINES:

Print Patient's Name:_____

Print Responsible Party Name
(If not the Patient):_____

Signature of Patient/ Responsible Party:_____**Date:**_____