

# CHIRO KINETICS CHIROPRACTIC FINANCIAL POLICY

## MEDICARE CLAIMS

**The following information applies to all patients who qualify for, and are currently receiving, Medicare benefits.**

### Deductible

Medicare requires that you pay a yearly deductible of \$135 toward your part B medical expenses before they will begin paying for covered services. If you have already been treated by other doctors this year, you may apply those bills toward your deductible.

### Medicare Coverage

After you have met your deductible, Medicare will reimburse 80% of the 'allowable' treatment charges. The **ONLY** "allowable" treatment charge by a Chiropractor is *Manual Manipulation of the spine*. Chiro Kinetics currently charges Medicare patients \$29.99 for spinal manipulation of 1-2 regions, \$41.33 for 3-4 regions and 5 regions \$53.66. The number of spinal adjustments Medicare will reimburse varies per case. Note that these prices will change as Medicare raises or lowers their prices.

### X-Rays

Medicare does not require x-rays in order to be reimbursed for Chiropractic treatment. Your Doctor may determine x-rays are necessary to assess your condition. If x-rays are taken or ordered by your Chiropractor, they are not covered by Medicare and therefore you are fully liable for the charges for x-rays.

### Examinations

In order to determine the extent of your condition, as well as the type of treatment you will need, the Doctor will examine you prior to the initiation of treatment, and periodically thereafter. Medicare will not reimburse for examination charges and therefore payment must be made by you.

### Therapies, Supplements and Supports

During the course of your treatment in this office, the Doctor may determine that certain physical therapy modalities or procedures, vitamin supplements or orthopedic supports may be necessary to assist in the treatment of your condition. Medicare will not reimburse for any of these services, and therefore, payment must be made by you.

**Our office policies are listed below.**

1. Medicare will only pay for part of the patients' care. We are a "non-participating" office. This means that the patient, or the person who is financially responsible for the patient, hereinafter referred to as "patient", is required to pay us in full at the time of the visit. Chiro Kinetics will bill Medicare on the patients' behalf and any reimbursement due from Medicare will be sent directly to the insured.

2. If a Medicare patient sells their Medicare benefits to an outside insurance company, Medicare pricing will still be honored. If any Medicare patient becomes involved in a workers compensation or personal injury claim, the above mentioned pricing structures no longer apply according to Federal Law.

3. The patient agrees to pay any outstanding amount due in full at the time of the visit to our office. Also, the patient agrees to have a valid credit card number on file with Chiro Kinetics at all times, and authorizes Chiro Kinetics to use the credit card number for payment if the amount owing is not paid in full at the time of the visit to our office. The patient agrees to give Chiro Kinetics their social security number to have on file. Chiro Kinetics agrees to keep this information in the strictest confidence, and will only utilize the information in the event that other collection attempts for the outstanding amount due were unsuccessful. If there is an occasion where the patient forgets to bring payment to the office when services are rendered, Chiro Kinetics will extend a five-day grace period for the payment to be made. If Chiro Kinetics does not receive the payment within the grace period, the credit card number on file will be used to pay the full outstanding amount due. If payment has not been received within 7 days, Chiro Kinetics will begin assessing a late fee at the rate of 1.5% per month. Any returned payments will be assessed a \$35 service fee (will increase as bank charges increase) which will be added to the outstanding balance of the account.

4. Chiro Kinetics does not bill supplemental insurance companies. Chiro Kinetics will provide copies of billings incurred by the patient at no additional cost, if requested by the patient. Chiro Kinetics does not guarantee reimbursement from either Medicare, or from any supplemental insurance companies, and the final responsibility of outstanding charges remains with the patient.

### **Chiro Kinetics No Show Appointment Policy:**

Canceling or rescheduling of any appointments requires twenty-four (24) hour notice to avoid a cancellation fee up to the full price of your scheduled office visits.

By signing this agreement, you agree that you have read, understood and will abide by the above.

\_\_\_\_\_  
Signature of the financially responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of the person financially responsible

\_\_\_\_\_  
Social Security number of the financially responsible person

\_\_\_\_\_  
Visa, MasterCard, Am. Express, Discover Card number of financially responsible person Patient Name

\_\_\_\_\_  
Patient Name (if other than financially responsible person)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
V-Code

\_\_\_\_\_  
Witness