

*The Sheely Chiropractic Wellness and
Rehabilitation Clinic*

FINANCIAL POLICY



Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation.

OFFICE AND FINANCIAL POLICIES

The purpose of this agreement is to allow us to more completely serve you to get the best results in the shortest amount of time. If you have any questions about these agreements, please do not hesitate to ask.

SIGNING IN

When you arrive, please sign in at the front desk. Provided you arrive on time, you will be called back to a treatment room in the order you signed in. If you arrive before or after your scheduled appointment, you may expect an additional wait so that we may serve those on time first. Our receptionist will let you know just as soon as we can care for you and let you know which room to go to. Please lie on the table on your back to allow your body to relax before the doctor comes in to see you.

CANCELING OR CHANGING APPOINTMENTS

We will design a specific case management plan for you and your condition. A certain number of treatments in a set amount of time is required for us to get the best results we both desire. Thus, if you need to change the time of your appointment, please plan to come another time the same day. If the same day is not possible, be sure to make-up the missed appointment within one week. We appreciate at least 24 hours notice for any appointment changes. We also have a 24-hour answering, scheduling and paging service available for your convenience. Please do not hesitate to call if there is an after hours emergency, or you have questions regarding your care.

PROGRESS EVALUATIONS AND REEXAMINATIONS

During the management of your condition, progress evaluations and re-examinations will take place (approx. every 10-14 visits) in order to determine your progress and evaluate further recommendations for your care. Unfortunately, exams are not covered by Medicare and will be the patient's financial responsibility.

VITAMINS, DIET AND FOOD SUPPLEMENTS

Diets should be followed and vitamins taken as recommended by your doctor. Any problems you may have with these recommendations should be communicated. We do not prescribe medication, but we will certainly make recommendations to help speed your recovery. Vitamins and food supplements are to be paid for at the time of purchase.

HOURS

Dr. Sheely and Dr. Tegenkamp are available during designated office hours. These are posted in the front entrance and may be given to you in writing, if you request. The receptionist will schedule your appointments accordingly.

LIVING WELL FOR LIFE CLASS

All new patients are required to attend at least one Living Well for Life class during the initial phase of treatment. This is part of your care and it is extremely beneficial when patients attend. The class covers spinal health care and 5 other aspects of Living Well for Life. This workshop explains how the body functions, how chiropractic works and how results are produced. We also talk about habits and how they affect our lives. Family and friends are welcome. There is a \$25 charge for the workshop; and guests may attend for free. At this time, the workshop is held two Mondays per month in the evening at 6:30 p.m. Please sign up at the front desk for one of these times.

REFERRALS TO OTHER HEALTH PROFESSIONALS

There may be times while managing your care that we feel that a referral to another health care professional would be in your best interest. If this situation arises we will transfer your records to the other doctor with a cover letter explaining your condition. We will not release the x-rays to you to take to the doctor. The x-rays are the property of this office but the information contained in them is certainly available to you. A release form must be signed no later than three days prior to your other doctor's appointment to guarantee the delivery of your records.

FINANCIAL POLICIES

We expect you to honor the financial arrangements you make with our office. Checks sent to your home by the insurance company should be brought or sent to our office within three (3) days. Be sure to send the statement that was attached to the check also so that we may record what days were paid.

We take care of a variety of injuries due to accidents at work, automobile accidents, injuries at home and even maintenance and preventative treatment for those who want to maintain optimal health. Patients also bring in their children for school physicals and preventive treatment. Whatever reason may bring you to our office, please refer below for your particular financial coverage.

PERSONAL INSURANCE

If a co-payment applies, you may make your payments on the days of service or at the end of the week, whichever is more convenient. It is our policy, however, if you choose to pay at the end of the week for you to sign an Autodebit form. This form authorizes us to withdraw the amount due from your checking account at the end of that week if you cancel, forget your checkbook, or just don't have the money with you. If you have a deductible that must be met in full before the insurance will pay their portion, the deductible is due at the time of service. Many insurance companies have coverage where they pay 80%, leaving the balance of 20% to the patient. These patients may also pay per visit or at the end of the week with Autodebit as a backup.

Insurance companies can and do limit how much they will pay for specified conditions. Therefore, you must pay any services that have been deemed ineligible by the insurance company.

WORKERS' COMPENSATION

You have been accepted in this office as a Workers' Compensation patient. We will follow the State of Ohio guidelines as to filing and billing for your treatment. If the claim is denied anytime during treatment by the employer, the Bureau of Workers' Compensation, or by the employer's self-insured company, the payment of services then becomes your responsibility.

If the claim is denied, we may be able to file it on your personal health insurance. We will need your health insurance information at the beginning of your care in case the claim is denied. Insurance companies can and do limit how much they will pay for specified conditions. Therefore, you must pay any services that have been deemed ineligible by the insurance company.

MEDICARE

Medicare has set guidelines from the Federal Government that regulates payment for Chiropractic Care. Medicare will only pay for manipulations due to a subluxation of the spine. In order for us to determine that there is a subluxation, we must perform an examination and are required by Medicare to document the subluxation. They require these services but they do not pay for them. It is therefore the sole responsibility of the patient to pay for exams.

If the Doctor feels that therapies are needed to help your condition, he will have the therapist perform them. Again, Medicare does not pay for therapies; and they are your responsibility.

Medicare will pay for twelve (12) manipulations in one (1) year, providing that your deductible has been met for the year. In some cases, Medicare will pay for visits past the twelve (12) visit limit. We will submit a Medical Necessity form to them for consideration for visits that we feel are medically necessary, but we cannot guarantee that they will pay on visits past the twelve (12) visit as their guidelines are very rigid and, we feel, inappropriate. If you have not met your deductible, you must meet it before we will accept what Medicare pays for your manipulations. We will adjust off the difference of the office visit/manipulation and what Medicare pays on this service only. There is a five (5) dollar co-pay Medicare requires us to collect for each manipulation. You will be required to pay for any exams, x-rays, re-exams, and therapies at time of service; at the end of the week, with Autodebit as a backup; or you may pay for the entire phase of treatment in advance and receive one (1) free maintenance visit. (Autodebit authorizes us to withdraw the amount due from your checking account at the end of that week if you cancel, forget your checkbook, or just don't have the money with you.)

We feel that the Government has discriminatory rules and regulations against the Chiropractic profession, and we will continue to strive to correct the Federal standards for your health care.

PERSONAL INJURY

If you are being treated on a Personal Injury case (example, automobile accident, fall on someone else's property, etc), your finances will be handled in the following manner.

1. *If you have retained an attorney, we require a letter of protection from your attorney to protect the bill for services rendered. You must authorize your attorney to send us the letter of protection. We must have the letter of protection or you will be required to pay for services and/or use other forms of insurance that may be available to you as payment for services as they occur.*

It is our office policy to bill your Medical Payments (Med Pay) benefits from your automobile insurance first. This will occur even if the accident was another individual's fault or even if you have retained an attorney. We will need to copy your insurance identification card. We will also need you to call your agent to inform them that we will be submitting medical bills on your Med Pay. Your insurance company should give you a claim number, an adjuster's name, and an address where we will send your bill. We will be asking you to sign a Doctor's Lien form authorizing your Med Pay to be used. We will then send this form to your adjuster. If you have a limited dollar amount on your Med Pay, you are responsible for the balance of your account.

We will need the Doctor's Lien Form signed and a letter of protection from your attorney for remaining balance. If your Med Pay runs out and you have not settled, you will be responsible for making payments toward your balance immediately. Please look at the end of this Office and Financial Agreement for payment options.

2. *We may also send the charges for services in to your personal health insurance. The insurance company may cover these charges but ask you to sign a subrogation form. This subrogation means that you will repay your health insurance when you reach a settlement from the paying insurance company. Health insurance will not pay 100% of your bill. You will be responsible for the balance. Again, this is to be covered by a Doctor's Lien Form and a letter of protection from your attorney.*

3. *Any payments that you receive as a result of our billing one of your insurance companies must immediately be brought in to our office to be applied to your bill. We regularly contact insurance companies to determine the payment status of personal injury claims and when payments are to be made. We allow five (5) business days from the date the insurance company issued the check before payment is to be made in this office. If it is determined that insurance company payments were used for personal use instead of making payment in this office, all other agreements are void and the entire bill becomes due immediately. The patient will then be on a visit-by-visit basis for the remainder of their care. Appropriate collection procedures will be implemented immediately. If you are unsure if a payment from an insurance company is for your medical bills, please*

let us know so that the appropriate payment can be made and credited to the correct account.

If you do not have an attorney, and do not have Approved Personal Med Pay Coverage or Approved Health Insurance Coverage, you will need to make payments in full on each visit for services rendered or by another mutually agreed upon financial arrangement specified at the end of this Office and Financial Agreement.

Personal injury claims can take months to settle based on many factors such as: insurance company negotiations, attorney negotiations, the speed and efficiency of your attorney, and sometimes unnecessary and questionable delays of those handling your case.

We will do everything we can possibly do to speed up your claim processing, such as providing timely progress reports and final reports to attorneys and insurance companies.

A lien form signed by an attorney allows the attorney to pay us out of your settlement if there is still a balance on your bill. With a signed lien, we will allow you 6 months from your last visit before you need to begin payment of your account. Minimum payment and procedure is based on our standard payment policies for accounts due. The payment policies will be explained to the patient during the Report of Findings with the financial coordinator.

Unfortunately, in today's litigious society, an injured individual often needs legal advice to protect their interest in most cases. We will do everything we can to see that your injuries are cared for; however, we cannot provide you with legal advice to protect your financial concerns.

CASH PATIENT (NO INSURANCE COVERAGE)

Most people agree that they need to see their dentist a few times a year to maintain optimal healthy teeth and gums. The same concept applies to chiropractic care. Whether you are just finishing up chiropractic treatment or just want to maintain the healthy spine you have, it is very important to come in for regular monthly checkups. Unfortunately, many insurance companies do not pay for these checkups. These visits will be your financial responsibility. Please look at the end of this Office and Financial Agreement for payment options.

For patients who do not have any coverage or their insurance will not cover chiropractic care, you will need to make payments in full on each visit for services rendered or by another mutually agreed upon financial arrangement specified at the end of this Office and Financial Agreement.

PAYMENT OPTIONS

There are several payment options you can choose from, to best fit your financial situation. Please check one of the following:

1. _____ Pay for entire phase of care today in advance and get (1) one free maintenance visit (\$30.00 savings value).
2. _____ Utilize Autodebit EZ PAY or credit card to withdraw the balance due at the end of each week. (avoiding all service fees)
3. _____ Pay for services at the end of each week with cash, check, Visa or MasterCard using Autodebit EZ Pay or a credit card as a backup. Keep in mind that if the backup has to be used, there will be a \$10.00 service charge for that payment.
4. _____ Pay for services in full (or co-payment, if it applies) each visit by cash, check, Visa or MasterCard. There will be a \$10.00 service charge for each visit that payment is not made in full or the payment is not made at all on the date of service.

PERSONAL INJURY PAYMENT OPTIONS

1. _____ Payment will be billed to **MED PAY** from the driver's auto policy. If payment is not received from the insurance within thirty days of billing then the **Minimum Payment Policy** is in affect for the balance if a lien is signed by me and not signed by my attorney or a lien is signed by me and I do not have a letter of protection from my attorney in my file. (20% of bill or \$50.00 per month, whichever is greater).
2. _____ Payment will be billed to **MED PAY** from the driver's auto policy. If payment is not received from the insurance within thirty days of billing then the **Minimum Payment Policy** is in affect for the balance unless I have a lien signed by me and my attorney or a lien signed by me and a letter of protection from my attorney in my file. (20% of bill or \$50.00 per month, whichever is greater).
3. _____ I can use this payment method if I have **no MED PAY** and a lien signed by me but not by my attorney or a lien signed by me but no letter of protection from my attorney. The **Minimum Payment Policy** is in affect. Use Autodebit EZ PAY or credit card to pay 20% of total bill or \$50.00 per month, whichever is greater, on the 15th of each month until balance is paid in full or case settles and full payment is received from my attorney.

4. _____ I can use this payment method if I have **no MED PAY** *and* a lien signed by me but **not** by my attorney *or* a lien signed by me but **no** letter of protection from my attorney. The **Minimum Payment Policy** is in affect. **By cash or check**, pay 20% of total bill or \$50.00 per month, whichever is greater, on the 15th of each month until balance is paid in full or case settles and payment is received from my attorney. Keep in mind that if payment is not made on the 15th of the month, there is a \$10.00 service charge added *for every service date that payment was not made on the day of service*.
5. _____ I can use this payment method if I have **no MED PAY** *and* a lien signed by me but **not** by my attorney *or* a lien signed by me but **no** letter of protection from my attorney. The **Minimum Payment Policy** is in affect. **By cash or check***, pay 20% of total bill or \$50.00 per month, whichever is greater, on the 15th of each month until balance is paid in full or case settles and payment is received from my attorney. **Use Autodebit EZ PAY or a credit card as a backup**. Keep in mind that if the backup has to be used, there will be a \$10.00 service charge *for just that payment*.
6. _____ If I have a lien signed by me and my attorney *or* a lien signed by me and a letter of protection from my attorney in my file, then the following payment plan will apply: The signed liens and/or letter of protection allow me to **wait on payment UNTIL six months after dismissal of my case by Dr. Sheely**. At that time, I will begin the **Minimum Payment Policy** (20% of bill or \$50.00 per month, whichever is greater) until my account is paid in full or the case settles and full payment is received from my attorney. **This policy applies whether or not I have MED PAY coverage.**

****There will be a \$25.00 charge for each returned check.

Under NO circumstances will this office agree to reduce the amount of your bill so you can see a financial gain instead of paying for our services. We consider that practice unethical and want you to understand that our role is in providing excellent care to help you back to health, not in making a financial deal with you or your attorney.

I have read and understand the payment policy of The Sheely Chiropractic Wellness and Rehabilitation . I understand that my insurance is an arrangement between myself and my insurance company, NOT between The Sheely Chiropractic Wellness and Rehabilitation Clinic and my insurance company. I request that The Sheely Chiropractic Wellness and Rehabilitation Clinic will prepare the customary forms at no charge so that I may obtain insurance benefits. I understand that, if my insurance does not respond within 60 days, the insurance balance will become my responsibility and will be due and payable immediately. I also agree to abide by the financial payment option I have checked at the end of this Financial Policy.

Patient's signature (or guardian if patient is a minor) Date

Witness

SPECIAL PAYMENT INSTRUCTIONS

Patient's Name: _____

Insurance Deductible: _____

Deductible as yet unsatisfied: _____

Co-Insurance Percentage or Dollar Amount: _____
