

Payments to our Office:

You are ultimately responsible for any medical or chiropractic services you receive in our office at the time of service. You will be expected to pay according to the Prompt-pay rate, any co-pays, any estimated co-insurance or deductibles, any previous outstanding balance(s), and any non-covered services that are rendered. We accept cash, check, credit cards, HSA/FSA cards, or CareCredit. We also can work with you to figure out a payment plan at your request for any payments. Please contact our billing staff for any questions or concerns.

Self-Pay Policy or No Insurance Policy:

If you do not have insurance, or we are not contracted with your insurance company, you will be expected to pay for your medical or chiropractic services received at the time of service. If you are a self-pay patient, you will be required to pay for the office visit at the end of your visit in order to get the time of service discount rate. Failure to do so will result in being billed our full fees.

Insurance Policy:

- If you would like Spinalworks Medical Group to file your insurance on your behalf, please provide our office with your current insurance information. That information may include a copy of your insurance card and a photo ID. Additionally, if you have any changes to your insurance information since your last visit, please notify our staff. You are expected to notify our office why insurance carrier is primary and secondary. We will file your primary and secondary insurance information as a courtesy to you, as long as we are contracted. If your insurance information is incorrect or not current, you will be responsible for any denied charges. Our office will do our best to notify our patients which carriers we are contracted with, but ultimately you are responsible knowing the network/benefit status before receiving any service at our office. If your insurance company sends a payment to you by mistake, you must forward/endorse the check to us immediately with the explanation of benefits that is sent with the check.
- Remember, we are filing your insurance as a courtesy on your behalf. If your insurance has changed or been cancelled, our office needs to be notified immediately. If you receive any requests such as Accident questionnaires or Coordination of Benefits from your insurance, you are responsible to respond to them. If our office does not hear from your insurance company within sixty (60) days, we may need help from you to contact your insurance company to help with a resolution. Our billing company will do their best to resolve any denials or errors, but ultimately, you may need to contact your insurance company to get them resolved, as you are ultimately responsible for your bills.
- If your insurance company fails to pay your bill, or you have a remaining balance due to our office, you will receive a statement. You will also receive an Explanation of Benefits from your insurance company. If you have not received a statement thirty (30) days from notification from your insurance company, please notify our office. If your address has changed, or if you do not receive a statement, it is your responsibility to notify us.

Non-Covered Services:

Not all services are covered by your insurance company. If you receive a service that is not covered, you are responsible for payment for that service at the time of service. We will do our best to let you know which services are usually non-covered. As this is only an estimation, ultimately, if we estimate that it is covered, and your insurance does not cover the service, you are responsible for full payment. Typically, spinal decompression is a service that would be a non-covered service.

Motor-Vehicle Collisions

If your injuries are due to a motor-vehicle collision, please notify our office immediately. We accept an LOP from an accepted attorney, in which we will hold your bills until the conclusion of your case. Your bills then may be paid with any settlement monies. If you want our office to file a claim under the other vehicle's insurance company (3rd Party) without an attorney, then we require a valid credit-card to be put down. At the conclusion of your care, if the 3rd Party insurance pays you a check directly for your care, you will be required to immediately bring the check into our office for your payment. Failure to bring the check in for five (5) days, will result in our office running the credit care for the full amount of your bill. If the check is sent to you, if for any reason payment is not made after 3 notifications to you, we will turn your account over to a collection's agency. We will additionally bill your Personally Injury Protection on your behalf. If you have personal injury protection, our office will be billing it even if we are billing the 3rd Party.

Referrals:

If your insurance company requires a referral before you can see a provider in our office, you must present a valid referral before your appointment. If a referral is not obtained, and you choose to be seen in our office, you will be treated as a self-pay patient and required to make payment at the time of service.

Durable Medical Equipment (DME/Orthotics):

If the Nurse Practitioner or Chiropractor prescribes DME, such as a back brace, TENS unit, or heel lifts, they may be subject to a copay, deductible or co-insurance under your insurance policy. An estimated payment may be collected at the time of service when you receive the equipment. According to federal regulations, these items cannot be returned once you have left the office.

Possible Additional Fees:

Spinalworks Medical Group will take all necessary and appropriate action to collect any money due on your account. These include: collection agencies, attorneys, and/or small claims court. You will be responsible for any fees associated with these attempts to collect.

Collections Agency Fee = 30% of any amount due at the time your balance is sent to the agency.

New Patient No-Show Fee (Medical/Chiropractic) = \$50 (Appointments must be cancelled/rescheduled 24 hours in advance)

Massage No-Show Fee = Half the price of regular priced massage. For example, a 60-minute massage no-show fee would be \$30. (Appointments must be cancelled/rescheduled 24 hours in advance)

X-Ray Policy:

If you require an x-ray on today's visits, the x-ray may be sent out to a Radiologist for a second opinion for quality assurance purposes. You will be responsible for the cost of this service if your insurance company chooses not to cover it.

Divorce or Custody Case Policy:

The parent or guardian who brings the patient into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

Refunds:

All refunds will be processed after all claims have been processed and all treatment is completed. Any credit to your account will be applied to any outstanding balances on your account first prior to processing your refund. Refunds less than \$10 must be requested by the patient or guarantor, otherwise the credit will be applied to any future visits.

Any massage packages that are purchased are not available for cash refunds once they are purchased. They may be refunded and the monies may be used as a credit for other services in the office. Additionally, if you purchase a package at a discounted rate, and request a refund before your entire package is used, the massages you have used will be priced at our full rate.

Pre-Paid Care Plans/Payment Plans:

Certain treatment may be available to be pre-paid at a discount rate. These discounted rates are only available for non-covered services. If you are using insurance, you are not eligible to receive a discounted rate as you are required to pay your full deductible, co-insurance, or copay at the time of service. Ask our office if you are eligible for a pre-paid discount or a payment plan.