

**Alta Chiropractic & Wellness Center Financial Agreement**  
**Effective 4/1/2022**

1. **You are considered a cash patient until we receive ALL of your insurance information, to include a front and back copy of your insurance card(s). All insurance is verified to the best of our abilities, but will be subject to verification by EOB.**
2. We require each patient to have a valid credit card on file.
3. We will bill your insurance up to the maximum benefit allowed for IN NETWORK insurances only. We try to verify your benefits to the best of our abilities, but ultimately, you are responsible for knowing your insurance policy and benefits.
4. Patient invoices and refunds are sent out on a quarterly basis. All balances remaining at that time will be charged to the card on file. All patient balances are subject to a \$50 late fee after a 90-day delinquency once notified by our office. You will also be responsible for any and all court, collection, and/or attorney fees needed to pursue collection of your balance. *Please contact us if you have a hardship or need to make payment arrangements.*
5. Patient copays, coinsurance, or unmet deductibles are all due at the time of service.
6. Payment will be due for services not covered due to unmet deductible, coinsurance amount, or policy exclusions will be collected after receipt of your Explanation of Benefits (EOB) from your insurance carrier if the amount varies from what was collected at time of service.
7. If your insurance company does not honor the doctor's assignment of payment and the checks are sent directly to you, payment will be due from you at the time of service.
8. In the event your insurance company begins a review of charges, and they cannot guarantee benefits will be paid until the review is concluded, you will be responsible for all unpaid charges.
9. Managed care insurance company policies have restrictions applied to chiropractic care. If you are notified by your insurance carrier of their denial of payment for further chiropractic treatment, continuation of your recommended treatment program following the date of denial will be the patient's responsibility at the time of service discounted cash prices.
10. **Patients with Medicare:** Medicare Part B only covers code 98941 (manipulation of the spine). All other services are not covered and will be your responsibility. Your Medicare coverage allows you 24 visits per calendar year. Any visit for the year in excess of 24 will be charged at the time of service discounted cash price of \$40 per visit at the time of service. *\*\*Note, we are unable to accept Medicare replacement policies.*
11. **Personal Injury/Motor Vehicle Accident/Workers Comp patients:** We **do not** accept Work Comp claims. For MVA patients, we do not bill third party claims or claims where your auto insurance is not primary. It is your responsibility to provide our office with the documentation necessary to provide a valid claim, as well as the name(s) of any claims adjuster/attorney, etc. handling the case, claim numbers, and mailing addresses to send bills. Failure to provide the documentation needed will result in immediate conversion of your case to cash, and all payment will be due upon receipt.
12. **Cash pay patients:** We provide time of service discounted cash prices for patients without insurance coverage or out of network insurance policies: \$60 exam and adjustment, \$40 each additional office visit, x-rays vary. Visits for kids (ages 11 and under) are \$36 for exam and adjustment and \$25 each additional office visit.

I have read and understand the financial agreement of Alta Chiropractic & Wellness center. I understand that I am ultimately financially responsible for all services not paid by insurance or other third party. Should there be a balance due at the end of my treatment plan, I will receive an invoice for the amount and pay it promptly, or contact the office to make payment arrangements.

Printed name of/Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date signed \_\_\_\_\_