

Insurance Coverage Overview

We understand that insurance can be complicated and we want to help you navigate your care coverage as smoothly as possible. The guidelines that follow are a general overview of the coverage provided by common insurance plans. If you have questions as to your personal plan's coverage, we urge you to contact your insurer for specifics.

Medicare, Medicare replacement plans, and Medicare supplements

Medicare plans cover spinal adjustments for acute conditions only and exclude care for the limbs and extremities. Exams are required for new patients or new injuries and are an out-of-pocket expense. Further, Medicare does not cover physiotherapies such as electric muscle stimulation, ultrasound, soft tissue mobilization or massage, acupuncture, or rehabilitative exercises. We have affordable, discounted rates for seniors when services are not covered by insurance.

Minnesota Care, Medical Assistance, or State-sponsored Plans with Private Insurers

These plans typically cover spinal adjustments for acute conditions only and exclude care for the limbs and extremities. Acupuncture may be a covered therapy when delivered in conjunction with a chiropractic adjustment. Patients are allowed one exam per calendar year. Exams are required for new patients or new injuries and if you have already had an exam with another health care provider this calendar year, it will be an out-of-pocket expense. These plans do not cover physiotherapies such as electric muscle stimulation, ultrasound, soft tissue mobilization or massage, rehabilitative exercises, etc. We have discounted rates for same-day-payments when services are not covered by insurance.

Employer-driven / Private-Pay Insurance Plans

These plans typically cover exams, chiropractic adjustments to the spine and/or limbs for acute conditions, and some physiotherapies such as electric muscle stimulation, rehabilitative exercises, soft tissue mobilization, and/or acupuncture. Coverage of physiotherapies may vary based on your insurer and individual plan. Typically, these plans pass along some out-of-pocket expenses to the patient in the form of a co-pay, a co-insurance fee, or a deductible. Some plans also limit the number of visits or amount of expenditure per patient, per year.

Active Care vs. Maintenance Care of Chronic Conditions

Most plans cover the cost of care for acute (short-term) conditions. When longer-term care is needed for conditions that are chronic, severe, or occur in conjunction with another health problem, your insurance company may deny coverage for continued appointments. Active treatment is defined as care that provides lasting pain relief and restores function and mobility. Care designed to maintain a current level of wellness or to prevent a chronic condition from worsening without care is called "maintenance care". We will notify you when your care transitions from the acute phase to chronic or maintenance phase. At this point, chiropractic care can be continued on an elective basis.

****** *When necessary care is not covered by a patient's insurance plan, we will offer discounted rates for same-day payment and can offer low or no interest payment plans to ensure each patient is able to receive the care they need.* ******

