



Financial policy

Thank you for choosing Umpqua Chiropractic as a part of your healthcare team. We are committed to providing the best possible care for you. In order to achieve this goal, we need your assistance in understanding our payment policy. Please understand that payment of your bills is considered part of your treatment. Please read the following and select the appropriate payment option below.

To all our insured patients: **As a courtesy to you, we will submit your claims to your insurance on your behalf. However, your bill is always your responsibility. Insurance is an agreement between you and your insurance carrier, not between your insurance and this clinic.** It is important that you understand your health and accident benefits listed in your policy. There are many variations in insurance policies. It would be in your best interest for you to call your insurance company to determine your Chiropractic and Physical Therapy benefits. As a courtesy to our patients, our office will also attempt to contact your insurance company to verify coverage and benefits, BUT this is not a guarantee of what the insurance company will pay. Our office will do our best to ESTIMATE what your patient portion will be at each visit. You will be sent a statement for any difference in the amount paid at each visit and the actual amount due once your claims have been processed and paid. If your insurance company fails to process a claim for any reason you will be required to pay for services and seek reimbursement from your insurance company.

All account balances are due within thirty (30) days of the completion of insurance processing. Accounts over ninety (90) days are considered delinquent. Should your account become delinquent, no additional appointments will be made until arrangements have been made to pay on your account.

I understand and agree to the above financial policy and will abide by the terms of the PAYMENT OPTION that I have selected below.

Payment options: (please select your choice)

Medicare: Medicare only covers the adjustment portion of your visit after your 2026 yearly deductible of \$283.00 has been satisfied. Co-Insurance is due at time of service when no secondary insurance coverage is available. MEDICARE DOES NOT COVER EXAMINATIONS, THERAPY, OR SUPPLIES. Services not covered by Medicare are due at time of service. A signed ABN (Advance Beneficiary Notice) will be required for all services not covered or not believed to be covered. Deductible will be billed and shall be due within thirty (30) days of receipt of insurance processing.

- Private Health Insurance: You must provide us with a copy of your health insurance card. Co-Payments, Co-Insurance, and Deductible amounts are due at the time services are rendered. Services that are not covered by your health plan are due at the time services are rendered. Services rendered beyond your policy limits that are your responsibility are due with thirty (30) days of receipt of insurance processing. Any additional amounts not covered by your health plan are due within thirty (30) days of processing. We will do our best to provide the most accurate quotes of what we believe your insurance will pay based on all available information. However, these quotes are an estimate and you will ultimately be responsible for your balance.

- Auto Accident / PIP: Assignment will be accepted on Personal Injury Protection benefits, only when the following has been satisfied:
 - A PIP application has been returned to the PIP Carrier
 - A copy of your health insurance card has been provided if applicable.
 - A lien has been signed.

In the event that Personal Injury Protection Benefits have been terminated or exhausted, Umpqua Chiropractic has the right to discontinue assignment of benefit or to bill your private insurance. If private insurance is unavailable, further treatment will be your responsibility. Payment arrangements must be made within ninety (90) days of claim closure with Umpqua Chiropractic.

- Medicaid (Oregon Health Plan): This clinic is contracted with Oregon Health Plan and will provide chiropractic and massage therapy care at no cost to you. If you are covered under Open Card Option, no referral or pre-authorization is required. If you are covered by a managed care plan / CCOA a referral from your primary care provider may be required. Upon receipt of your referral, we will submit an authorization request to your insurance. Once that request has been approved, we will then schedule your first appointment. After your approved visits have been used, we will submit a new authorization requests on your behalf. Should this second request be denied, you will be able to be seen on a cash basis after signing form OHP 3165 – Client Agreement to Pay for Health Services. You will be required to periodically request a new referral from your primary care provider in an attempt to obtain a new authorization.
- TriWest/Veteran’s Community Care: This clinic is contracted with Empower-Chiro and TriWest in order to provide all our Veterans with chiropractic and massage therapy care at no cost to you. Initial referral is required from the closest VAMC and your primary care provider. Subsequent authorizations will be submitted by our clinic on your behalf. While we make every effort to obtain these authorizations in a timely manner to ensure continuity of care, the processing times for authorizations does vary based on a variety of factors within the VA system. Should you wish to be seen between authorizations, we do accept a variety of insurance plans. Co-payments/Coinsurance amounts would be based on your individual insurance plan (see above options) and would be your responsibility.

I have read and understand the above information.

Signature: _____ Date: _____

Printed Name: _____

Office Witness: _____ Date: _____