



Carolina Concussion & Physical Medicine LLC

• Concussion Rehab • Dizziness & Balance Rehab • Chiropractic

120 Capcom Ave, Ste 104 Wake Forest, NC 27587

Phone: (919) 435-7396 Fax: (919) 551-8181

www.carolinaconcussion.com

Financial Policy

No Show/Cancellation Policy:

Our office is dedicated to providing the most advanced diagnostics and treatment in the area with excellent results. To accomplish this, we block off enough time for each patient to receive specialized care. It is expected that if you need to cancel an appointment to give our office notice more than 24 hours in advance. This allows us the opportunity to offer the appointment to another patient that is on a wait list. We understand that emergencies may arise at times; we will take this into consideration for certain circumstances.

A \$50 FEE WILL BE ASSESSED FOR ALL NO SHOW AND LATE CANCELLATION APPOINTMENTS.

A PRE-PAID FEE OF \$15 FOR 1 PAGE FORMS TO BE COMPLETED.

A PRE-PAID FEE OF \$25 FOR 2 OR MORE PAGE FORMS TO BE COMPLETED.

Outstanding Balance Policy:

1. After thirty (30) days of an unpaid balance statement, a 1.5% interest charge will be applied each month.
2. After sixty (90) days of an unpaid balance statement, your account will be turned over to our collections agency and will incur an additional 33% collection fee in addition to your balance.
3. All returned checks will incur a \$35 charge in addition to the outstanding balance.
4. Given the specialization of our services and to be able to treat our patients without being dictated by insurers, **we are an open access office and will provide you with a superbill, if requested, to for you to submit to your insurance company if there are out of network benefits.**

Initial Evaluation Fee:

Initial Evaluation (Moderate): \$185

Initial Evaluation (Complex): \$225

QEEG Brain Map: \$249

***Additional services will be discussed following the evaluation results and their associated fees prior to beginning treatment.**

Medicare Patients

1. Our office accepts assignment from Medicare. We file claims for you and reimbursement is send directly to our office for chiropractic services that Medicare will cover.
2. Medicare will **ONLY** cover manipulation of the spine when rendered by a chiropractic physician. They do not cover initial examinations, re-examinations, diagnostics or vestibular rehabilitation. Medicare pays 80% of the allowable fee once the deductible has been met. You will be responsible for the 20% Medicare does not cover unless you have a secondary insurance which may require a co-pay. You are required to pay the deductible and the remaining fees for services

Personal Injury or Auto Accident Patients

We require a letter from the insurance carrier prior to the first visit stating Medpay is available and the amount remaining that is available.

*See Lien Agreement Form for additional details.

Workman’s Compensation Patients

1. It is your responsibility to provide our office with the documentation necessary to prove a valid claim that includes the name of the insurance company, adjuster/ attorney, claim numbers, mailing address, and fax number to send the claims. A credit card will remain on file until the information is received. Failure to provide the documentation needed within 7 days will result in immediate conversion of your case to self-pay with your card being processed for payment of services rendered.

I have read and agree to the above financial policy in its entirety. I understand that I am ultimately financially responsible for all services not paid by insurance.

Printed Name of Patient/Responsible Party: _____

Signature of Patient/Responsible Party: _____ **Date:** _____