**Tree of Life Health Solutions**

**David Rohrer, M.D. / Kim Lyons, D.C., N.D.**

**807 Blue Jacket Drive 302 S. Broadway Street**

**Fort Recovery, Ohio 45846 Greenville, Ohio 45331**

**419-375-2112 937-547-0111**

**Financial Policy**

As a result of our sincere desire to base all medical decisions on what is best for the patient, not what is best for the insurance company, we are no longer contracted with any insurance carriers.

1. All charges must be paid at the time of service and our treatment fees are the same for all patients, regardless of insurance coverage or not, as is required by law.
2. The contract with your insurance company to pay for a portion of your medical care is between you and your insurance company. By eliminating costs associated with billing, coding diagnoses and procedures, referrals, authorizations, payment delays, EOB reviews, claim denials, re-submissions, collections risks, and other managed care costs, we can provide patients a fair price for services without the administrative hassles and bureaucracy.
3. For your benefit, we will always provide you with a list of our fees upon request. We have available references to assist you should you wish to seek reimbursement from your insurance company for our services. We will provide you with a copy of your billing ticket and office visit upon request, but no coding will be provided.
4. We recommend you contact your insurance carrier and request instructions for filing your claims. Note: Ohio State Law requires insurance carriers to process your health insurance claim within 30 days of receipt of a “clean” (no mistakes) claim. (Section 3901.381 Revised Code)
5. Due to rising administrative costs and numerous requests we receive, our office reserves the right to not fill out “forms” from insurance companies. A copy of the patient’s medical records may be forwarded to the insurance company when a signed authorization to release medical records is received. Their medical review professionals can extract the information required from these records.
6. Please note: We do not charge interest, therefore, we are unable to offer in-house financing or payment plans. If you are unable to pay for your services in full with cash, check, or money order, you may put the balance on your credit card and make monthly payments to your credit card company.
7. A $35 fee will be charged for returned checks. Full payment of check amount is due along with this fee. We reserve the right to no longer accept checks from individuals who have written bad checks.
8. *Medic*are: Dr. Rohrer participates in traditional Medicare only. Most services are considered non-covered by Medicare and therefore are due by the patient. All other Medicare replacement plans may be filed by the patient if desired. Dr. Lyons does not participate in any Medicare plans, therefore fees for services are due entirely by the patient.
9. Traditional/Private Insurance: We do not accept insurance, and most of our services are considered non-covered. Patients may file to insurance independently if desired for reimbursement personally. However, all payments are due at time of service.
10. Medicaid: We are not accepting Medicaid patients. We will only accept “Private Pay” patients. We will not file any claims to Medicaid for reimbursement of your medical services now or at any time in the future. All services must be paid at the time of service.
11. Champus/Tricare: We are not an active Champus/Tricare for Life provider. We will NOT accept this insurance. We will not file any claims to this insurance, nor accept any fee schedule for reimbursement of our services. An additional fee will be charged for any referral forms required by Champus/Tricare for Life.
12. Forms: FMLA, Disability, or any other employer related forms are $20 for the first form, $15 for each additional form.
13. **All Patients (please answer all three questions below):**

( ) Yes ( ) No My current symptoms are related to an accident/injury.

( ) Yes ( ) No I am currently being represented by an attorney and/or I am currently under worker compensation care.

( ) Yes ( ) No I may seek an attorney/workers compensation benefits in regards to accident/injury.

ALL charges for attorney cases, workers compensation cases, accident and/or injury cases must be paid in full, in advance, no exceptions. We will not file any claims for insurance benefits/reimbursement and we will not provide any discounts/write-offs for insurance or workers compensation plans. By signing this document, you are agreeing to pay for our services in full and forego any insurance benefits/discounts.

I have read, understand, and agree to the terms and conditions listed above.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Patient or Parent if Patient is a Minor/Patient Representative Date