

Insurance patients' responsibility, Patient Financial Responsibility Disclosure Statement
Credit card, office charges and Insurance deductibles or copays

Policy updated June 1, 2022

Patient Financial Responsibility Disclosure Statement

This document was created for the patient to understand his/her responsibility. The patient must sign this document in the initial visit. When the patient signed this document, his/he signature forms a binding agreement between Chiropractic & Wellness Center(C&WC) and the Patient who is receiving medical services, or the Responsible Party for minor patients (those patients under 18 years old). Responsible Party is the individual who is financially responsible for payment of medical bills. All charges for services rendered are due and payable at the time of service.

- I. Office right regarding insurance assignments:
Your insurance will give you the options about which offices are in network. Our office will evaluate each case to determine if we will or not accept you as a patient. Under no circumstances, we are obligated to accept any patient.

- II. **A. (1) Medical Insurance:** We have contracts with many insurance companies, and we will bill them as a service to you.
 - (2) Process for Insurance verification: Our office will look-out the insurance portal to see if our office is or not in network and we will search your benefits.

 - (3) Based in the information recollected, we can determine which treatment insurance will or not covered. Keep in mind that sometimes the information that we received from your insurance may suggest that the services may or not be covered by them but the final decision rest with your insurance.

 - (4) If your claim was paid total or partial, you can find the reasons why in your Explanation of Benefits (EOB). If you have questions regarding coverage, you need to contact your insurance.

 - (5) The doctor is responsible to provide the best possible care for each individual patient. That means that after we check your insurance we may or not perform certain therapies at the doctor's discretion always looking for the best interest for the patient, that your insurance may or may not covered. We are not responsible for any none-covered charges by your insurance.

 - (6) **Please understand that financial responsibility for medical services rests between you and your health plan. While we are pleased to be of service by filing your medical insurance for you, we are not responsible for any limitations in coverage that may be included in your plan. If your health plan denies this claim for any of these or other reasons, our office cannot be responsible for this bill. It is your responsibility as patient to pay the denied amounts in full. Our primary mission is to provide you with quality, cost effective, medical care. Together we are trying to adapt to the changing way that health care is financed and delivered. Again, we value you as a patient and our priority is to provide you with the best possible care.**

(7) As the responsible party, you are responsible if your insurance company declines to pay for any reason. Your health plan may refuse payment of a claim for some of the following reasons:

- a. This is a pre-existing illness that is not covered by your plan
- b. You have not met your full calendar year deductible
- c. The type of medical service required is not covered by your plan
- d. The health plan was not in effect at the time of service
- e. You have other insurance which must be filed first
- f. Insurance denied authorization for treatment

B. The person signing on behalf of the Patient as the Responsible Party must:

- a. Inform Chiropractic & Wellness Center of the current address and phone number for the patient and the responsible party.
- b. Present all current insurance cards prior to each office visit.
- c. Pay any required copay and/or deductible amount at the time of the visit.
- d. Pay any additional amount owing within 30 days of receiving a statement from our office.
- e. If you are not insured, or if the services being provided are not covered by your insurance, you will be expected to provide payment in full for our services at the time they are rendered

(8) Any 120 days past due invoice(s) will be send to collections agencies. \$150 dollars charge will be included to the invoice and 9% interest from the total will be charge monthly until debt amount is satisfied.

C. Patients' rights: If after the patient finds out that certain therapies are not covered, the patient can ask not to receive that therapy. The patient is responsible to paid any previous none-covered treatment prior to receive further treatment. If the patient declines to receive certain therapy, that information will be documented in the patient record.

Credit card on file

Policy updated June 1, 2022

Adopted By Dr Ricardo Rodriguez DC

- I. Effective June 1, 2022, all patients must have a debit/credit card on file. This new policy was created to secure the patient appointments and to collect any deductibles or copays from insurance, medical records requested (processing fees), any special request by the patient, extra time for case discussion, X rays reading or any medical imaging consultation, and no-show fees. The patient authorized Chiropractic & Wellness Center to charge for your card in any of the events previously mentioned. 4 % credit card fee will be applied towards the invoice.

- I. Procedure

The office will notify the patient by sending the invoice, talk to the patient or calling the patient, and will charge the patient's card.

II. Wrongly charges dispute

In the event that the patient believes that the charges were not accurate, the patient can email us at drricardorodriguezdc@outlook.com, invoice number must be included in the message subject and an explanation about why those charges were not accurate. In the case of charge incurred due to insurance deductibles or copay, the patient is responsible to contact their insurance and find out the cause of services not covered. Chiropractic & Wellness Center is not responsible to call your insurance or to discuss your policy terms and conditions.

Time management charges

- II. Our office gladly like to talk to our patients. Whenever the patient wants to talk to the doctor outside the appointment time, the patient will be charged \$50.00 for case consultation for 15 extra minutes. 4 % credit card fee will be applied towards the invoice.

III. Charges Reimbursement

After receiving charges disputes, the office will evaluate the case. The office will provide a response in 30 business days including reimbursement if apply.

X rays reading

- III. When the patient is sent for X Rays, a report is issued, and a CD is produced. The doctor will take the time to discuss the finding reports and determine if the course of your treatment is adequate of if the treatment needs to be modified. This reading required extra booking time. The cost for reading X Rays report and explanation is \$50.00 for 15 minutes. 4 % credit card fee will be applied towards the invoice.

IV. Changes or updates in the policy

Chiropractic & Wellness Center reserves the right to change, modify or cancel any of the terms of service at any time without prior notification.

Phone calls, writing communication including email and sending regular mail charges

Policy updated June 1, 2022

Adopted By Dr Ricardo Rodriguez DC

- I. The patient will be charge for phone calls, writing communication including email and sending regular mail. The patient will be charge the first hour \$177.00. Every 30 minutes after, the patient will be charge \$100 dollars will be charged. 4 % credit card fee will be applied towards the invoice.
- II. The patient will be responsible of paid off any balance in our clinic prior request any service.

Motor vehicle accident policy and the patient's responsibility

Policy updated June 1, 2022

Adopted By Dr Ricardo Rodriguez DC

- I. The patient needs to bring all the information regarding his/her case including Claim number, Insurance company, Adjuster name, email address, phone, and fax number.
- II. The patient must fill out completely the intake forms, functional rating index, contract and right to lien.
- III. The patient must present a valid ID and social security.
- IV. The patient must provide a valid debit card/credit card to be placed in file.
- V. The patient needs to comply with the 24 hours cancellation policy. Insurance company will not pay for the visits that you don't show up. A \$100 dollar fee will apply on each visit that the patient does not show. 4 % credit card fee will be applied towards the invoice.

- VI. If the patient arrived late to the appointment, the doctor would treat the patient with remaining time. Example: Your appointment is at 1:00pm and the patient arrived at 1:10pm, the patient will be treated for 10 minutes.
- VII. If the patient arrived 15 minutes late, a \$100 dollars fee will be charged to the patient and must be paid before starting the next session. An invoice will be sent and charged to the patient's card. No exceptions will be made.
- VIII. The patient's treatment will be conducted at the best medical standard possible and at the doctor's discretion and recommendations.
- IX. If the patient does not show in 3 sessions, the patient insurance will be notified, the patient will be charged for the none show visits, discharged from care, and considered as treatment abandonment by the patient.
- X. The patient is responsible for none covered charges by the insurance company.
- XI. The patient understand that his treatment can be modify including changes in Chiropractic techniques, therapies, length of the treatment and visits at doctor's discretion.
- XII. The doctor can recommend the patient to visit other professionals to continue care if the doctors believe that is relevant to the patient's care. That includes further imagining studies.