



FINANCIAL POLICY

Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation.

PATIENTS WITHOUT INSURANCE – For patients without insurance we require payment at the time of service, or if you prefer you may pay for a series of treatments at a time to avoid having to make payments each visit. We accept cash, personal checks, Visa, Master Card, Debit cards, and health savings accounts. Personal checks that do not clear on first presentation will be accessed a \$30.00 fee. Care Credit is another option available to finance your care. Care Credit is an outside medical financing company that may finance your care and allow you to make small monthly payments, in many cases interest free for 90 days. For more information on Care Credit please ask or visit our web site: salinachiro.com.

GROUP OR INDIVIDUAL INSURANCE AND MANAGED CARE PLANS - When possible, we will call to verify benefits on your insurance. However, the benefits quoted to us by your insurance are not a guarantee of payment. Payment will be due by you at the time of service for any non-covered service, deductibles, and co-pays. Care Credit may be available to you for non-covered services and deductibles.

Co-pays are due at the time of service. You may pre-pay co-pays to avoid having to make payments each visit if you prefer. Any unused co-pays will be refunded.

AUTOMOBILE ACCIDENT RELATED INJURIES – Personal injury protection (PIP) normally covers our services 100%. Kansas is a “no fault” State meaning that YOUR automobile insurance will cover your care regardless of who is at fault. If someone else was at fault, your insurance company will seek reimbursement from the other parties insurance. Please notify your insurance carrier of your visit to our office immediately. Notify our insurance department immediately if an attorney is representing you. Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to six (6) months after your care is completed without interest or finance charges. After six (6) months the account will be charged 1.5% per month of \$5.00, whichever is more, until paid in full. Once the claim is settled, or if you suspend or terminate care, any fees for services are due immediately.

FEE FOR NO SHOWS – If you must miss a scheduled appointment, call to reschedule or cancel. Do not “No Show”. We do charge a \$40.00 fee for all no shows. This fee is the patient responsibility and is not billable to insurance. When patients “no show” they leave a gap in our schedule that could have been used by someone else wanting care.

I have read, understand, and agree to the above financial policy of Salina Chiropractic.

Patient or responsible party signature

Date