



FULK CHIROPRACTIC

Office use Only:

Patient: _____

Ins Plan: _____

Please record information in "Remarks 1"

Copy of card made & given to Pt Accounts.

FINANCIAL POLICY

ACKNOWLEDGEMENT OF THIS FINANCIAL POLICY IS REQUIRED BEFORE SERVICES WILL BE PROVIDED.

INSURANCE COVERAGE AND BENEFITS

Our clinic is contracted with many insurance companies and networks; however, individual benefits for chiropractic care vary greatly. For this reason, all patients are encouraged to verify with their insurance company the network status of their physician and the benefits for chiropractic care in our office. As a service to our patients, insurance benefits will be verified and an estimation of those benefits will be provided. Actual benefits will be determined once the claim has been processed. All co-pays or encounter fees must be paid at the time of service.

If you have an HMO or EPO insurance plan requiring a referral, you must have a completed referral form or number with you at the time of your appointment or you will be required to pay the entire fee at the time of service. Our office will not be able to verify your covered charges unless and until a copy of your referral is received in our office. If you are concerned about your out of pocket expense, please speak with our patient accounts department immediately.

— **ALL BLUE CROSS AND BLUE SHIELD OF KANSAS CITY patients:** your plan does not recognize the following therapies as a covered service: electrical muscle stimulation and micro-current stimulation. Any charges incurred for these services will be the responsibility of patient. Please speak with our patient accounts department if you have questions concerning this benefit.

— **MEDICARE / COVENTRY ADVANTRA / HUMANA GOLD PLUS patients,** benefits will only be paid if you are enrolled in Medicare Part B or Coventry Advantra and it is in effect at the time of service. Diagnosis and treatment of your condition may require examination, x-rays or physical therapy, **none of which are covered by Medicare, Coventry Advantra or Humana Gold Plus and will be the responsibility of the patient.** Special payment arrangements are available upon request. Please speak with our patient accounts department if you have questions concerning this benefit or ask for a Medicare / Coventry Advantra brochure that explains your benefits more completely.

CREDIT POLICY

Our office will estimate your patient responsibility for services rendered and payment of this balance is expected at the time of service. If you are unable to fulfill this financial obligation, please contact a patient accounts representative for other options regarding the payment of your account.

Accounts become past due after 30 days. Finance charges will apply on past due accounts as determined by our patient accounts department. We reserve the right to utilize an outside agency for the collection of past due accounts and the right to suspend care if financial obligations are not met.

I hereby acknowledge that I have read, understand and agree to the terms of this document relating to insurance coverage and payment of my bill.

Signature of Guarantor

Date

12/5/2009