

## INSURANCE FORMS/PAYMENT

If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of more information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible. Occasionally, either by mistake, or due to provisions in your policy, the check issued by the insurance company for payment of services rendered in our office, may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

*I have read and understand the payment policy of River North Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between River North Chiropractic and my insurance company. I request that River North Chiropractic prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctors at River North Chiropractic that fees will be due and payable immediately.*

\_\_\_\_\_  
Patient's signature (or guardian if patient is a minor)                      Date

\_\_\_\_\_  
Witness

## SPECIAL PAYMENT INSTRUCTIONS

Patient's Name: \_\_\_\_\_

1. We have verified your benefits and while your insurance company did not guarantee payment, they stated that you have a \$\_\_\_\_\_ deductible, \$\_\_\_\_\_ of which has been met. Additionally, your insurance will pay \_\_\_\_\_% of covered charges, leaving \_\_\_\_\_% of each visit due by you.
2. We have verified your benefits and while your insurance company did not guarantee payment, they stated that you have a \$\_\_\_\_\_ deductible, \$\_\_\_\_\_ of which has been met. Additionally, your insurance will pay \_\_\_\_\_% of covered charges, leaving \$\_\_\_\_\_ co-pay of each visit due by you.



Dr. Gregory S. Hoffman  
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## FINANCIAL POLICY

**Our recommendations are based on a desire to see you get well and stay well. 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. Regardless of your coverage, we'll suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.**

**River North Chiropractic has contracted Alternative Billing Solutions LLC for all patient/insurance accounts. If you have any questions regarding a statement or insurance correspondence please contact:**

**Patty Shutt  
Ph (847)515-4771 fax: (847)515-4747  
a.b.s @comcast.net**

## **PATIENTS WITHOUT INSURANCE**

We request that 100% of the first visit be paid at the time of the visit. On other visits, payment may be made at the end of the week if you sign a credit guarantee form. We are happy to accept your check, Master Card or Visa.

## **GROUP OR INDIVIDUAL INSURANCE**

Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company to help you collect. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays. You may also pay the full amount due each day thereby qualifying for our Time of Service Reduction in fees. You may then submit the bill to your insurance carrier for reimbursement.

## **“ON THE JOB” INJURY (Worker’s Compensation)**

If you are injured on the job, your care should be paid for under your employer’s Worker’s Compensation insurance. You will need to inform your employer of the accident and obtain the name and address of the carrier of their insurance. If your employer does not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately.

## **PERSONAL INJURY OR AUTOMOBILE ACCIDENTS**

Please present your auto insurance card, your health insurance card, and tell us if you have retained an attorney. There are four options available to the PI patient:

1. Pay cash for your care and we will submit reports whenever necessary.
2. We will bill (accept assignment) from the Med Pay portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor’s Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.
4. We will bill your standard health insurance plan and you will be responsible for all co-pays and deductibles as they are incurred.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to (six) months after your care is completed.

Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

## **MEDICARE**

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are NON-COVERED. These services include, but are not limited to, x-rays, examinations, therapies, orthotics, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

## **SECONDARY INSURANCE**

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

## **MANAGED CARE PLANS**

We are preferred providers for the following companies (List Name of any HMO’s or PPO’s).

- You are required to pay a \$\_\_\_\_\_co-pay at the time of service.
- A referral from your primary care physician will be necessary. Out of network benefits are available if a referral is not obtained.
- Benefits are available for up to \_\_\_\_\_visits per year. A \$\_\_\_\_\_co-pay is due at the time of service.

## **FLEX PLANS/MEDICAL SAVINGS ACCOUNTS**

Please inform us if you have a medical savings account, sometimes known as a 'flex plan'. We will be happy to provide you with a statement of your charges for reimbursement.