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www.creeksidechiropracticcenter.com

FINANCIAL POLICY

PLEASE READ & CHECK BY EACH BOX

- Insurance:** If you have insurance, we will do our best to help you receive maximum benefits. Insurance is a contract between you and your insurance company. **We are not a party to this contract. As a courtesy,** we will verify your chiropractic benefits. However, the benefits quoted are an estimate and is not a guarantee of payment, upon receiving the explanation of benefits from your insurance.
- Through a third-party billing company, we will file insurance claims to your insurance carrier(s) if you have supplied us with all the necessary information. Our office will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than supply factual information as necessary. You are responsible for all services billed any services considered "not medically necessary" by your insurance company. We participate with most insurance companies; however, if we do not participate with your insurance company, you are responsible for all out of network deductibles and co pays at the time of service.
- Cash Services - Time of Service (TOS):** We request that 100% of payment is made at the time of service. If your situation requires that you are a self pay patient (e.g. you are uninsured, chiropractic benefits have been exhausted or your co pay or out of network deductible is extremely high), please inquire with the front desk about our cash services policy.
- Referrals / Pre-authorizations:** If your insurance requires a referral and/or pre-authorization for services, you are responsible for obtaining it. Failure to obtain a referral or pre-authorization may result in a denial of payment from your insurance company. You would be responsible for any unpaid balances.
- You are ultimately responsible for knowing your insurance benefits.**
- Medicare:** We do accept assignment from Medicare. Medicare Part B only covers manipulation of the spine. Medicare pays 80% of the allowable fee after your deductible has been met. Medicare will ONLY cover the chiropractic adjustment of the SPINE and for ACTIVE conditions only. Medicare does not cover chiropractic adjustments for maintenance or additional modalities or therapies. Medicare supplemental policies will cover only those charges that Medicare also allows. You are responsible for your Medicare deductible and all coinsurance.
- Medicaid:** If you have Medicaid, most of your services, with the exception of supports/vitamins and supplies, will be covered 100% under you Medicaid plan. You will be required each MONTH to show proof of continued Medicaid coverage.
- Workers Compensation/ Personal Injury:** If you are injured on the job, your care may 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 their insurance carrier. If your claim is not allowed, you will be responsible for all charges accrued during your care. Additionally, please let us know if you are currently working with an attorney.
- Financial Hardship:** It is unlawful to routinely waive/fail to collect or discount co-payments, deductibles, coinsurance or other patient responsibility payments per the federal false claims act, federal anti-kickback statute, state and federal insurance fraud laws. It is also a violation of our managed care contracts. If you have a true financial hardship, please notify the front desk staff. You will need to provide appropriate documentation that shows you are unable to pay medical bills. All information relating to financial hardship requests will be kept confidential.
- Payment Details:** All patients' balances are due immediately upon receipt. All dependents and spouses in the same household will be responsible for outstanding balances. Patients with upcoming appointments must pay their balance(s) in full prior to their next appointment.

By signing below, I agree that I have read and understand the Creekside Chiropractic Center, Inc., Financial Policy.

Please Print

Please sign name for Patient &/or Guardian

Date