



3121 Harrison Ave.
 South Lake Tahoe, CA 96150
 Phone (530)541-5660
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PATIENT FINANCIAL POLICY

Patients with Health Insurance Coverage: During your visit with us, we will do our best to verify your insurance coverage to see if chiropractic (and if necessary, out-of-network) care is covered and any limitations that exist. We will explain this to you, and then bill the insurance for the services provided. You are expected to pay your co-payment, co-insurance or any portion that your insurance doesn't cover on the date of service.

If, for some reason, your insurance does not pay for a particular visit, those charges are then your responsibility. It is therefore prudent for you to understand your insurance policy and contact your insurance company promptly with any questions or problems. However, we do reserve the right to no longer bill your insurance company if that company is unreasonably hard to work with.

Medicare: Medicare and supplemental plans will approve to pay for chiropractic services after your deductible has been met, as long as they deem the adjustment "medically necessary" and as long as the visits do not pertain to maintenance care. They will not pay for other services such as consultations, examinations & therapies. Therefore I, the patient, must do so. If you have a secondary insurance, we will bill it for services not covered by Medicare. I understand this is my informed consent to allow and pay for services not covered by my insurance, as dictated by Medicare.

Patients Paying Out of Pocket/Self-Pay Patients: Cash and checks are accepted, and payment is expected at the time of service. In this case, we offer a date of service discount due to the reduced administrative cost and handling. However, this does not include supplies or supplements. Legally, we can only grant this discount if the patient pays prior to or on the day of service.

If you are unable to pay at the time of service, we will be unable to give you the discount and you will be charged the full price due to the administrative costs and handling of your account.

Patients with Personal Injury/Worker's Compensation Claims: For patients under care related to an automobile accident, or injury while working, insurance will cover the cost of care in nearly all cases. We are required to bill your auto insurance (or the insurance of the driver of the vehicle in which you were riding) or your Worker's Compensation insurance. Nutritional supplements and some orthopedic equipment may not be covered and are the patient's responsibility.

If and when your insurance discontinues paying for your treatment, you are then responsible for payment of your care. If you decide to get legal aid, we will hold payment until settlement of your claim as long as we have a lien.

Outstanding Balance Policy: Patients will receive a monthly fee of \$5 if their accounts has a balance that is 90+ days overdue and no payments are being made. If no payment is made for 180+ days, we unfortunately will need to send the account to collections.

I, the patient, have been informed of and understand this financial policy and agree to its terms. I understand that unless specific arrangements are made and documented with Tahoe Chiropractic Clinic, I am responsible for any balance acquired on this account. I understand that if I discontinue care, all charged due are payable immediately.

1. How will you be paying?: Insurance: Carrier _____ Policy Number _____

Self-Pay Medicare Only Medicare w/ Supplemental or Secondary Other: _____

2. Who should be billed if there is a balance on your account (after billing to insurance, etc.)?: Self Other (see next line):

Name/Relation _____/_____ Phone _____ Address _____

Name of Patient: _____ DOB: _____

Signature of Patient: _____ Date: _____

If you are a minor, or if you are being represented by another party:

Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____