



Insurance and Financial Office Policies

At *Carolina Active Health Chiropractic Inc.* we file most insurance as a courtesy to our patients. Our fees are considered customary and reasonable by most companies and therefore are covered up to the maximum allowance determined by individual plan or carrier. However, not all insurance policies cover chiropractic care. Additionally, some soft tissue treatment techniques such as Active Release Techniques (ART), Instrument Assisted Soft Tissue Mobilization (IASTM), and cupping are unfortunately not covered by insurance and therefore there is an additional \$22 cash charge to the patient.

All patient financial responsibilities such as, co-payments, co-insurance, and deductible amounts are expected at the time of service, unless prior arrangements with *Carolina Active Health Chiropractic Inc.* are in place.

Carolina Active Health Chiropractic Inc. utilizes *Patient Options DMCO*, which is a discount medical plan that provides our patients and their immediate family with access to affordable chiropractic care. There is no additional cost to the patient to participate in this plan.

Patients are responsible for paying all fees associated to their treatment at the time of service or by means of a pre-arranged authorized payment plan. We charge an administrative processing fee for processing all extended payment plans. This fee is taken at the time of payment processing. All patient account balances are never to exceed \$100.00 due, at any time or you may be subject to discharge from *Carolina Active Health Chiropractic Inc.*

All patients are considered cash pay until ALL signed insurance verification forms are verified and registered. The staff of *Carolina Active Health Chiropractic Inc.* will provide and discuss with you an "Estimated Payment Option Form" as this process is completed. It is a policy of *Carolina Active Health Chiropractic Inc.*, to collect a \$79.00 new patient fee as a down payment for services rendered. If insurance eligibility and processing deems a lesser patient responsibility the overpayment amount is credited or refunded directly to your account. If insurance eligibility deems a higher patient responsibility you will be billed directly for the difference.

It is the patient's responsibility to ensure prompt payment (within 90 days from date of service) is made on your behalf from your insurance company to *Carolina Active Health Chiropractic Inc.* ALL outstanding balances over 90 days will become patient responsibility and you are financially responsible for the debt(s), to be paid in full immediately upon receipt.

Upon completion of your prescribed care plan, and/ or completion of insurance visits you will no longer be eligible for insurance assignment of benefits at *Carolina Active Health Chiropractic Inc.* All charges for services and supplies prescribed/rendered at this point, will be due in full, at the time of treatment.

If you elect to discontinue care at *Carolina Active Health Chiropractic Inc.* for any reason other than completion of your prescribed care plan and/or physician discharge, ALL existing balances are due immediately and payable in full by you, regardless of any claim submitted on your behalf.

Cancellation Policy:

Please allow 24 hours' notice if you need to cancel an appointment.

First occurrence - excused

Second occurrence - \$30 fee

Third occurrence - \$50 fee

Patient name: (Print) _____

Date of Birth: _____

Signature: _____

Date: _____