

Lower Cape Chiropractic Services  
**MEDICARE FINANCIAL POLICIES**

Once you have met your visit limit for the year, we have several payment options for you to continue your care in an affordable fashion until your policy renews. Please feel free to ask any questions regarding these plans.

Please note: **We CAN NOT call your insurance carrier to check if your policy has chiropractic coverage or to see what limits your plan has on chiropractic care. Don't assume your policy has chiropractic coverage even if it had some coverage last year. Insurance plans often change each year. You need to answer all these questions by your next visit or you will be responsible for all services rendered.**

**Medicare Patients-** We require all patients to set up a crossover between Medicare and your secondary insurer; if a crossover isn't possible, we will make a single attempt to bill your secondary insurance if provided with the proper insurance information. You are responsible for co-insurance, deductibles and payments for non-covered services.

**\*\*\*MEDICARE PATIENTS, YOU ONLY NEED TO CALL YOUR SECONDARY INS.\*\*\***

1. Please list the name of the person you spoke with \_\_\_\_\_
  2. Am I covered for chiropractic services? Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Does my **secondary** insurance cover **Medicare's deductible for chiropractic**? Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Does my **secondary** insurance cover X-rays by a chiropractor? Yes \_\_\_\_\_ No \_\_\_\_\_
  5. Does my **secondary** insurance cover initial exam if denied by Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_
  6. Does my **secondary** insurance cover chiropractic adjustments if denied by Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_
  7. Does my **secondary** insurance have its own deductible? Yes \_\_\_\_\_ No \_\_\_\_\_
    - \* If it does have deductible, does the deductible apply to chiropractic? Yes \_\_\_\_\_ No \_\_\_\_\_
    - \* If deductible applies to chiropractic, how much is my deductible? \_\_\_\_\_
    - \* If deductible applies to chiropractic, how much of my deductible have I met this year? \_\_\_\_\_
  8. When does the Insurance benefit begin each year? \_\_\_\_\_
  9. Do I have a visit limit? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How many visits allowed? \_\_\_\_\_
  10. Do I have a Co-Pay? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How much is copay? \_\_\_\_\_
  11. Do I have Co-Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the percentage? \_\_\_\_\_
- What is the Name of your secondary insurance company? \_\_\_\_\_

Please check and sign below:

\_\_\_\_ I have called my insurance carrier and my coverage is listed above.

\_\_\_\_ I do not have chiropractic coverage at this time and will set up a financial plan today.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Co-Pay** – a fixed amount for a service, encounter, stay or day (\$)

**Co-Insurance-** a percentage of responsibility, the amount will fluctuate depending on services performed (and is charged in addition to your copayment)

**Deductible-** an amount that must be paid before coverage commences during a calendar or policy year