

Lower Cape Chiropractic Services

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.**

***** We are IN NETWORK with Medicare, Blue Cross of MA, Harvard Pilgrim, Tufts and United Healthcare Insurance. When inquiring what chiropractic benefits your plan may have, please be sure to ask for OUT of Network Benefits for all other insurance carriers******

1. What is the Name of your insurance company? _____
2. **List name of person you spoke with:** _____
3. Am I covered for chiropractic services? Yes _____ No _____
4. When does the chiropractic benefit begin each year? (Annual or Plan Year) _____
- 5a. Does my plan have a deductible? Yes _____ No _____
 - 5b. If it does have a deductible, does it apply to chiropractic? Yes _____ No _____
 - 5c. If the deductible applies to chiropractic, how much is my deductible? _____
 - 5d. How much of my deductible have I met this year so far? _____
6. Does my plan cover X-rays by a chiropractor? Yes _____ No _____
7. Does my plan cover the initial exam? Yes _____ No _____
- 8a. Do I have a visit limit? Yes _____ No _____ If Yes, How Many? _____
 - 8b. How many left this year? _____
9. Does my plan require authorization for chiropractic care? Yes _____ No _____
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, How much is co-insurance? _____
12. **Confirmation # given:** _____

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 you pay 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 each year before coverage begins during a calendar or policy year

Out of Pocket Expenses - The total amount due by a patient during a calendar or policy year