

# Maimonides Chiropractic

## OUR OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

As a courtesy to you our office has decided to accept your insurance assignment. We will file your claim forms and assist you in every way we can.

*However, it must be fully understood that the contract is between you and your insurance company and you are fully responsible for any amount not paid by your insurance. Although, if we provide a discount because we are an in-network provider for your insurance, you will not be responsible for the difference in our regular fee and the contracted amount the insurance pays.*

Please read our insurance assignment policies.

1. Since, by taking your insurance assignment we have to wait for payment, this courtesy may withdrawn if circumstances warrant it.
2. If you discontinue care without the Doctor's authorization, the balance of your account is due and payable immediately, even if your insurance has been filed. If the insurance does pay, it will be refunded if you have a zero balance.
3. Your insurance should pay within 30 days. If your insurance has not paid within 60 days, you must pay the balance due and be reimbursed by your insurance company when and if it pays.
4. We will bill your insurance weekly as long as you are receiving Chiropractic care in this office.
5. If you choose, you may pay cash for your care, receive a discount and be reimbursed by your insurance company directly. Please ask about this option.
6. Our office does not guarantee that your insurance will pay. We will make every attempt, at the beginning of your healthcare, to receive verification of your policy and whatever it covers. However, if for some reason, your insurance claim is denied you are responsible for the full amount of the bill.
7. Often insurance companies will only pay for a portion of your prescribed care program. If your insurance company stops paying, please make an appointment with us to work out a payment plan that will enable you to follow your care plan as prescribed by the doctor.
8. Our office will NOT enter into a dispute with an insurance company over your claim. This is your responsibility and obligation.
9. If you have a deductible, it is your responsibility to meet it.
10. All special arrangements regarding finances must be signed by the doctor and patient (or their representative)
11. We ask that you allow us to retain a credit card on file in order to allow for easy monthly billing of your copays or coinsurance amounts. If you are unable to do this, you will be responsible for your portion upon every visit without exception. Either hand your copay to our staff member or place your payment in the lock box on the top of the front counter.

If you understand and agree with all of the above policies, please sign your name below and we will be happy to accept your insurance assignment.

Signature of Patient

Date

---

Signature of Doctor

Date

---