

KIMBERTON CHIROPRACTIC

Financial Policy

Our Financial Policy is dedicated to providing our patients with the best possible care. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest quality of care and building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is not only to inform you of the provisional aspects of that policy but also to keep lines of communication open regarding them.

Please understand that payment for services is an important part of the provider/patient relationships. All patients are responsible for ALL co-payments at the time of service.

We accept payments for your convenience such as (cash, check, Visa, MasterCard, Discover, Amex, and Debit cards) A \$35 service fee will be charged for all returned checks. Additionally; you may authorize us to keep your credit card on file for your convenience knowing we adhere to the highest level of information security.

All payments are expected at time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with our office. All balances that reach 90 days past due with no activity will be sent to a collection agency. Should your account be sent to collections, you will be financially responsible for all collection fees and legal fees our office incurs through the process utilized to collect the outstanding balance. Payment in full of any past balance is due prior to being seen in our office in the future.

Insurance

If at any time you have any questions or concerns regarding our fees, policies, or responsibilities; please feel free to contact our Billing Coordinator at 484-921-4936. If you receive a statement from our office and disagree how your insurance processed the claim, please contact your insurance.

Please remember that your insurance is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from the insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on all open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization, and referral information and to notify our office of any information changes when they occur. Even a pre-authorization of services does not guarantee payment from your insurance carrier. We also require photo identification when accepting insurance information. It is the patients responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved we are contractually obligated to collect ALL co-payments, co-insurance, and deductibles, as outlined by your insurance carrier.

Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions, or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of-network fees. If we are not contracted with your carrier, we will not negotiate reduced fees with your carrier.

Refunds:

Unfortunately, insurance companies do not always process claims within the legal guidelines. If this happens and results in a credit to your account, this credit will remain on your account for subsequent visits.

Missed Appointments:

We require a notice of cancellations 24 hours in advance. This allows us to offer the appointment to another patient. We understand that life happens, however if you fail to keep your appointments without notifying us in advance 2 consecutive times: a missed appointment fee of \$35 will apply. Repeated missed appointments without notification may cause you to be discharged from the practice so that we can provide care to other patients.

I HAVE RECEIVED THE FINANCIAL POLICY SET FORTH BY KIMBERTON CHIROPRACTIC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT. IF I HAVE ANY QUESTIONS, I WILL CONTACT THE BILLING OFFICE AT 484-921-4936.

Signature of Patient and/or Guardian

Date

Print Name of Patient