

## FINANCIAL POLICY

### **Do you have a Flex Plan/Medical Savings Account/or Health Savings Account? Yes or No**

All of our patients will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it pertains to your particular situation.

### **CASH/ TIME OF SERVICE DISCOUNT**

For uncovered services, payment is due at the time services are rendered, or at the beginning of your care. Cash, personal checks, Visa and Mastercard are accepted. If a true hardship exists, we will be happy to assist you in making financial arrangements via written agreement (authorized by the doctor). Any balance over 30 days old is subject to a service charge. No-Interest is available through [www.CareCredit.com](http://www.CareCredit.com). Any refunds for Packages (massages, trainings, etc) will be refunded less the full value rate of the services used, and generally expire one year from date purchased, unless otherwise noted.

### **HEALTH INSURANCE**

Greco Family Chiropractic provides its services directly to you, not your insurance company. You are ultimately liable for your bill. We will verify your benefits & coverage, however the benefits represented to us by your insurance company are not a guarantee of payment. As a service to our patients, we will submit your bills to your insurance company. All co-pays/co-insurances are due at the time of service. You are responsible for your deductible if it has not already been satisfied, and payment plans are available. If you are filing your own claims, we will provide you with an itemized bill.

**\*\*\*\*IN THE EVENT THAT WE ARE BILLING YOUR INSURANCE COMPANY AND A CHECK IS MAILED TO YOU, YOU MUST FORWARD IT INTO OUR OFFICE WITHIN 7 DAYS SO THAT WE MAY PROPERLY CREDIT YOUR ACCOUNT.**

### **WORKERS COMPENSATION**

If you were injured in the course of employment, your care should be paid for under your employer's Workers' Compensation insurance. Notify your employer in writing immediately of the accident. Ask for instructions.

- 1) Obtain the name, address, phone number and adjuster for your employer's Workers Compensation insurance company, and notify them that you are treating at our office.
- 2) Notify our office of the injury and fill out the necessary paperwork for a workers compensation claim.
- 3) Make sure your employer has notified and sent a report to their workers compensation carrier.

Completing these few steps will help ensure you get the care and benefits you are entitled.

### **AUTOMOBILE ACCIDENT/PERSONAL INJURY**

If you are injured in an automobile or other accident, you are eligible for benefits under your auto or other insurance policy. You should inform our office immediately if you were involved in an accident. The necessary paperwork must be filled out completely and to the best of your knowledge. **You must furnish our office with your insurance company name, claim number, adjusters name and phone number within 5 days of your first date of service.** At that time you can inform us of any legal representation you have obtained. We will furnish your attorney with the progress report and information regarding your health as it is needed.

### **MEDICARE**

We do accept assignment for Medicare; therefore all reimbursements will go directly to our office. As a courtesy to you, we will submit your bills to Medicare. It has been our experience that Medicare usually reimburses 80% of your costs. There may be a coinsurance or deductible associated with your Medicare plan if you do not carry a secondary insurance.

**I have read and understand the financial policy of GRECO FAMILY CHIROPRACTIC. In the event my insurance company does not pay the charges I have incurred at this office, I agree to pay any and all fees accumulated within 90 days of the date of service.**

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**Patient's Signature (Guardian if Patient is a Minor)**

**Date**

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**Print Name**