

OFFICE FINANCIAL POLICY
Heartland Clinic of Chiropractic
972 College St. Monticello GA 31064
Cash, Major Medical & Medicare

1. All patients are on a cash basis until their insurance coverage and deductible may be verified by our staff. Coverage verified by phone is not a guarantee of benefits and can only be verified by a copy of the E.O.B. (explanation of benefits)
2. This office can help you make payment plan arrangements with Care Credit on an individual basis. Care Credit has every right to accept or deny credit approval. Our office has no control over their decision.
3. If you have insurance, we will gladly provide you with a superbill to submit to your insurance company. It will have everything needed for reimbursement.

No Surprises Act requires us to inform of potential cost before they are rendered 1st visit cost anywhere between \$0 to \$550, 2nd visit cost anywhere between \$0 to \$100

I authorize Heartland Chiropractic to release any pertinent information regarding my treatment to my insurance company. As such I hereby authorize and direct my Insurance Company, liability insurance adjuster and/or my attorney, to pay directly to Heartland Clinic of Chiropractic LLC such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due this office, and to withhold such sums from any disability benefits, medical payment benefits, No Fault benefits, health and accident benefits, workmen's compensation benefits, or any other insurance benefits obligated to reimburse me or from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect said office. I hereby further give a lien to said office against any and all insurance benefits named herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by said office.

4. If we so choose, we will accept assignment as a courtesy to you; you are ultimately responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with the same, as your contract is between you and your insurance company.
5. Any services not covered or coverage reductions by your insurance will be the patient's responsibility.

6. This office, upon its discretion will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed claims will be treated as uncovered services, and you will be expected to pay such charges on a timely basis.

7. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payment in full expected immediately regardless of any claims submitted.

8. If you have questions concerning this or any other matter, please speak with the front desk or our insurance department prior to seeing the doctor.

Missed Appointments (Non-Cancelled)

We understand that occasional missed appointments can occur for a variety of reasons. A “No Show/ Missed Appointment” is defined as missing an appointment without cancelling at least 24 hours before scheduled time. We often have a waiting list of patients needing in for treatment and with your courtesy of notifying us in advance, you help make that possible. There is a \$35 charge for all “No Show/Missed Appointments”, we would prefer not to make this charge, so we just ask that you please notify our office in advance. However, repeat missed appointments may result in the doctor sending a letter discharging you from your care here at Heartland Chiropractic. We take your care very seriously and want you to receive the best care possible.

Thank You,

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient’s Signature

Date