HORIZON Family Chiropractic LTD
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Financial Disclaimer

Dear Patient,

Welcome to **Horizon Family Chiropractic**!! We are delighted you have chosen our clinic to address your health care needs. We would like to explain about what you can expect from your insurance company as well as what we expect from you.

Your benefits under your insurance plan for Chiropractic care may not cover all of your visits to our office. You are held financially responsible for co-payments, co-insurance, and deductibles for covered services. Services exceeding benefit limits or considered maintenance or preventative are not reimbursable by your plan. You are also financially responsible for all non-covered services as defined by your health plan contract.

Horizon Family Chiropractic will contact your insurance company to verify your benefits as a courtesy, however we are not responsible for any erroneous data provided to us by your insurance company as no quote is guaranteed until the claim has been submitted. Patients are responsible for understanding their healthcare policy benefits and limitations. Please feel free to discuss any questions with our office, however any insurance policy specific questions should be directed to your insurance carrier.

If your doctor feels that care will not be a covered expense based on the typed of care you are receiving, it may be in your best interest to discuss one of the several financial plans we have available.

- If at any time there is a change in your insurance benefits it is **YOUR RESPONSIBILITY TO NOTIFY THE FRONT DESK. WE CAN NOT BE RESPONSIBLE FOR BACK BILLING IN THESE SITUATIONS.**
- Please understand that any benefit quoted to you by this office is **NOT A GUARANTEE** that your insurance company will make payment on your claims.
- **YOUR PAYMENT IS DUE AT THE TIME OF YOUR VISIT.** We welcome payments in advance by **cash, check, Visa, MasterCard, and debit cards.**

Also note: If you are filing your claims through AUTO INSURANCE or WORKMAN'S COMPENSTATION, the insurance may not settle in your favor, your case may be denied, or only a portion will be covered, at which point you will be responsible to pay your balance.

Medicare: Please note that Medicare does not pay for all of your health care costs; however, even though Medicare may not pay or a service, it notes not mean you should not receive that service. Medicare Part B recognizes payment for Spinal Manipulations only.
A calendar-year deductible is required for all Medicare patients. After your deductible has been met, Medicare pays 80% of the approved Spinal Manipulation. The patient is responsible for the remaining 20% Co-Insurance.
Items not covered and the patient's full responsibility are: Exams, Extremity Adjustments, Therapies, Nutritional Consults/supplements, DME's/Supports, Exercise Programs, and

Maintenance Care. Please note that it is our policy to perform periodic Exams as a part of our treatment protocol, even though they are Non-Covered services and the patient's responsibility.

Medicare Supplemental Plan: Medicare supplemental policies are designed to coordinate with Medicare and are plan-specific. Larger co-payments and additional benefits may apply. Some supplemental plan may pay for the Deductible and Co-insurance depending upon patient's policy.

Medicaid: Please note that Medicaid covered service may vary by state. We have found in the state of Wisconsin patient's with Medicaid coverage are allowed a maximum of 20 visits per calendar year. Anything beyond this allowed amount will be the patient's responsibility. Medicaid recognized payments for the following Chiropractic services only: Spinal Manipulations and Exams. Non-covered services are the patient's financial responsibility, as is informing this office when your coverage has lapsed.

It is our goal to provide the maximum level in Chiropractic care and to open the door to a new life of health and vitality for all of our patients!!

Non-Covered Services: Financial Disclosure Form

Chiropractic services typically covered by health insurance policies include:

- Chiropractic adjustment for acute clinical conditions
- Limited treatment of symptom flare-ups or exacerbations.

Services that we expect to **NOT** be eligible for reimbursement through your plan's chiropractic benefit, and therefore will likely be your financial responsibility are outlined below. Your financial responsibility is limited to services received during the treatment dates below.

Treatment plan start date: ____/____/____ Treatment plan end date: End of Care.

Non-covered Services and Cost per Visit*

• Exam(s) (MEDICARE/MEDICARE Replacement)	$45-$105
• Maintenance Care Spinal Adjustments	$50
• Visits Exceeding your insurance policy limit	$50
• Extra-spinal Adjustments (shoulder, knee, wrist, elbow, etc.)	$29
• Durable Medical Equipment (Braces, Orthotics, Ice Pack)	Depends on Product
• Graston/Laser Treatment	$35
• Nutritional Consultation	$50
• Craniosacral Therapy	$35

**same day payment or package discounts may apply.*

I acknowledge that I am signing this statement voluntarily, and that it is not being signed after the services have already been provided. I have had ample opportunity to ask questions about my liability and the provider/staff has answered them to my satisfaction. I understand that I have the right to refuse this care and that by signing this form; I will be fully responsible for the total billed charge(s) related to non-covered services.

By signing this statement, you acknowledge your understand the services you are receiving may not be covered by your health plan, and in that situation you would be 100% responsible for all charges incurred.

_____ _____

Signature Date