

Theriot Family Chiropractic Center
Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Insurance</u>	<u>PCD Member</u>
Initial Exam/Computer Scan (Range from)	\$37.50 to \$87.50	\$40
Dynamic Exam/Computer Scan	\$30	\$22.50
X-Rays – Cervical	\$60	\$50
X-Rays – Lumbar	\$80	\$70
Adjustment	\$40	\$27
Therapies (Range from)	\$23.00 to \$51.00	\$20.00 to \$31.00

Financial Policy and Chiropractic Active Life Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. **You will be expected to pay for your chiropractic care at the time service is rendered unless you arrange an Active Life Plan in advance.** Active Life Plans include yearly Corrective Adjustment Plans (CAP), or monthly CAP's. These Active Life Plans are designed to be the most cost effective way to keep you and your family as healthy as possible.

_____ **Health Insurance:** If you have insurance that covers chiropractic, we will file your claim forms for you and assist you in every way we can for reimbursement. However, it must be understood that insurance contracts are ***between you, the patient, and your insurance company***. Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. If for any reason your insurance company denies any charges incurred, you are personally responsible for payment of those services in full. We will continue to bill your insurance as long as you are receiving active chiropractic care in this office, but not for wellness. I agree to pay my yearly deductible, co-insurance or my co-payment amount.

_____ **Cash:** I agree to pay the entire balance owing on a daily/weekly basis. I agree to pay any outstanding balance within one month after termination of my care. I further agree to pay a late payment fee of \$15.00 for any balance that is over 30 days past due.

_____ **Personal Injury:** I agree to allow Theriot Family Chiropractic to submit all charges incurred for this accident to my automobile medical payment policy. I further agree that if no coverage is available or if I exhaust my benefits, that I will be personally responsible to pay for all charges incurred.

_____ **3rd Party Claim:** I understand that I am making a claim against a 3rd party insurance policy and that this policy does not reimburse the doctor directly for any services incurred as a result of my claim. I agree to be personally responsible to pay charges incurred at the time of settlement of my claim.

_____ **Attorney Lien:** I understand that Theriot Family Chiropractic has agreed to defer the balance of any unpaid charges until settlement of my claim/lawsuit. I further understand that if I change attorneys or release my attorney prior to the settlement of my claim this agreement is VOID and I agree to pay the full balance due IMMEDIATELY.

_____ **Preferred Chiropractic Doctor (PCD) Members:** As a member of PCD, you will receive special PCD fees as indicated by the fee schedule above. The cost to become a PCD member is only \$30 per year for an individual and \$45 per year for family. As a PCD member, you can pay for your care weekly or monthly. Yearly CAP's are available as well.

With PCD, you will not get receipts to submit to your insurance company. You can, however be given a receipt for tax purposes or a medical savings account (MSA) indicating the total amount you have paid for chiropractic care during the year. There is no insurance diagnosis given with these receipts.

If you acquire insurance for a special situation such as an auto accident or a worker's compensation injury and choose to utilize that coverage, you will be charged our regular office fees until such claim is settled. We will help you get reimbursed quickly on these claims. Once the claim is complete, you can begin to pay PCD fees again
 I have read and I understand the above policies. **I have initialed the one that applies to me.**

 Patient Signature Date

 Witness