

## **Bel-Ray Wellness Center Financial Policy**

Welcome to Bel-Ray Wellness Center. For our chiropractic staff to be able to deliver the quality of care that you are accustomed to, we have established our financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

### **PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.**

1. We ask that you present your insurance card at each visit, and notify us as soon as any insurance information changes.
2. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
3. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, MasterCard, and Discover. We also participate in the CareCredit® payment program upon approval.
4. If we do not participate with your insurance company, you will be expected to make payment in full at the time service is rendered, or speak to an office staff member about setting up a payment plan if paying in full is not an option.
5. If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent, we reserve the right to refer your account to a collection agency and to be reported to one or more credit bureau(s).
6. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If payment is not received from your supplemental insurance within 45 days of being submitted, we will bill you for the balance due. If you do not have a supplemental insurance, your portion (20% of amount allowed by Medicare) will be collected at the time of service. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
7. **HMO-PPO PATIENTS:** If we participate with your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service, or utilization of agreed upon payment plan—no exceptions. If your plan requires you to have an authorization to see a specialist, you still need to obtain that from our office prior to seeing the specialist. No retroactive referrals will be given. If we do not participate with your plan, we will verify your out-of-network benefits, file your charges, and will expect payment of your portion of the charges at the time of service.
8. **SELF-PAY PATIENTS:** Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full; you must contact our billing department prior to seeing the physician to make payment arrangements.

9. NO SHOW OR MISSED APPOINTMENTS: When an appointment is scheduled with the physician, time is specifically allocated for you. When an appointment is not canceled in advance, and the patient “no shows,” another patient that needed to be seen may have been unable to because the time slot was already taken. We understand there *may* be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel your appointment. If ***three*** appointments are missed in a row without notification, any remaining scheduled appointments will be removed from the schedule and you will need to call to schedule any future appointments.

10. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.** It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at (816) 322-4774.

I have read and have a full understanding of the financial policy of Bel-Ray Wellness Center

Signature: \_\_\_\_\_ Date: \_\_\_\_\_