

# JangDhari Family Chiropractic

## Financial Policy

**Medicare:** We participate with Medicare Part B which only covers the manipulation of the spine during Active Care. All other services are not covered and will be your responsibility. Once you reach Wellness Care, Medicare will no longer cover your spinal manipulation and you will be responsible for the full amount. Your doctor will be sure to inform you once you have reached Wellness Care.

How does Medicare coverage work while under active care? Medicare Part B pays 80% of the allowable fee once the deductible has been met. If you have a supplemental plan they will normally cover the other 20% of the allowable fees once your deductible has been met. If you do not have a supplemental plan you are responsible for the 20% that Medicare does not cover.

**Commercial Insurance:** We only bill claims for Medicare Part B, Auto Accidents or Worker's Compensation. We will gladly provide you with the necessary documentation if you choose to personally file claims to your Insurance company.

**Cancellation Policy:** We ask that you provide our office with a 24-hour notice to change or cancel an appointment. This helps to keep our office operating efficiently. We understand that there are times when you must miss an appointment due to emergencies, illnesses, or other obligations. Please notify our office to explain your unique situation. If we do not receive a notification, you may be responsible for a service charge of \$60.

Payment is expected at the time of service. For your convenience we accept cash, checks, credit cards, HSA and FSA forms of payment. There is a \$25 charge for checks returned.

By your signature you acknowledge having read and agreed to the Financial Policy for JangDhari Family Chiropractic. We are committed to providing you with excellent care and will discuss our fees with you at any time. Your understanding of our financial policy is important to us. Please ask if you have any questions regarding our fees, Financial Policy or your responsibility.

Patient Printed Name: \_\_\_\_\_

Patient or Guardian's Signature: \_\_\_\_\_

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