

Financial Responsibilities and Assignment of Benefits:

I request payment of insurance benefits for all services rendered to me to be made on my behalf to Be Well Chiropractic, Health and Wellness. I authorize Be Well Chiropractic, Health and Wellness to release medical information to my insurance carrier and its entities to determine payment for services rendered. I further understand that I am responsible to pay certain amounts due. These amounts may include annual deductibles, co-payments, co-insurance and charges denied by my insurance company as not covered or not medically necessary. I am responsible for any fees incurred should my account require collection action (e.g., late fees, collection agency, court, or attorney costs). I agree this authorization shall remain valid unless/until I rescind in writing.

Be Well Chiropractic Health and Wellness believes that an important part of good healthcare practice is to establish and communicate our financial policy to our patients.

1. PAYMENT is expected at the time of your visit. We will accept cash, check, Visa, MasterCard, American Express or Discover Network. Payment may include any unmet deductible, co-insurance, co-pay amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a preexisting condition clause, payment in full is expected at the time of your visit.
2. INSURANCE: We are non-participating providers with some insurance plans. We will file all these insurance claims for chiropractic treatment. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full.
3. OUTSTANDING BALANCES: Occasionally, a patient will accrue a large balance for services provided by our doctors. We will work with patients to establish an appropriate payment plan and obtain a signed financial agreement.
4. INSURANCE CHECKS: Your health plan may send directly to you the payment (check) for the Practice's services. If you receive such payment, please call the Practice Administrator immediately and mail or bring the check in to avoid duplication of bills and a delinquent account. The Practice always receives notification from your insurance company if a payment has been made and where the check was mailed.
5. RETURNED CHECKS will incur a \$30.00 service charge. You will be asked to bring cash or a money order to cover the amount of the check plus the service charge.
6. ACCOUNTING PRINCIPLES: Payments and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.
7. COMPLETING INSURANCE FORMS AND COPYING MEDICAL RECORDS require office staff time as well as the Doctor's time. We require \$15.00 per form prepayment when completing forms except for New Jersey State disability, copying medical records fee is \$1.00 with a minimum of \$10.00.

If you have any questions after reviewing our policy, please contact our office to avoid any misunderstandings.