

BROWN CHIROPRACTIC FINANCIAL POLICY

Full payment is expected at the time of service. Payment is accepted via cash, check or credit card.

If you have insurance that we are in network with, we will make a copy of your card and collect any co-pay that is due. Once we receive word from your insurance company, we will send you a statement if there is a balance that we are entitled to collect. We strongly advise you to contact your insurance company to discuss your benefit coverage for chiropractic services. Insurance coverage for chiropractic care varies greatly. If you still have questions, feel free to contact our office and we will do our best to assist you.

If you have insurance coverage where we are not an in-network provider you can contact your insurance company to see if they will reimburse you for visiting an out of network provider. You will be responsible for providing payment at the time of service and we can assist you with seeking reimbursement from the insurance company.

Please be aware that some insurance companies require pre-certification for chiropractic care. Care will commence once approval has been obtained. Some insurance companies may also require a referral from your primary care physician.

Dr. Brown is certified by the Ohio Bureau of Workers Compensation to treat injured workers. Prior approval must be obtained with these cases before care can commence.

Dr. Brown is also a participating provider for Medicare. You will be required to read and sign the separate Medicare policy documentation.

If you have injuries that are the result of an automobile accident etc. we do accept assignment for personal injury claims.

Brown Chiropractic is pleased to offer **EVERYONE** a time of service discount. A Time of Service Discount is a discount off of our standard fee schedule here at Brown Chiropractic. This discount is available to any and all patients making payment at the time of service. Payment can be made via check, cash, or credit card. There are many administrative costs and extra tasks that must be completed when processing insurance claims. A patient paying at the time of service greatly lessens this workload which allows us to pass a significant savings on to both the patient and their insurance company for those patients who submit their own claims to the insurance company for reimbursement. Please see the chart below for examples of our standard fee and TOS discount fee on some of our most common services.

CPT	Description	Standard Fee	TOS Discount
98940	Chiropractic Adjustment 1-2 Spinal Regions	\$36.00	\$23.45
98941	Chiropractic Adjustment 3-4 Spinal Regions	\$50.00	\$32.40
98942	Chiropractic Adjustment 5 Spinal Regions	\$66.00	\$42.56
98943	Chiropractic Adjustment Non-Spinal (Arm etc.)	\$34.00	\$23.00
97010	Hot or Cold Packs	\$7.00	\$4.82
97035	Ultrasound Treatment	\$17.00	\$10.82
99203	New Patient Evaluation Level III	\$137.00	\$88.37

Dr. Brown believes communication is essential in the doctor-patient relationship. He invites you to feel free to privately discuss any financial concerns or difficulties you may have regarding your account. Early and open communication in these situations affords everyone the opportunity to reach a resolution suitable to all parties.

By signing below, I agree to the following: "I have read, understand, and agree with the preceding described financial policies. By signing I agree that I also understand that as the patient or legal guardian of the patient, I am ultimately personally responsible for any and all costs associated with the course of my treatment and care at Brown Chiropractic. Failure to pay all costs associated with my care as agreed may result in collection activity on my account as well as reporting of my payment history to credit reporting bureaus."

Patient Name: _____
(Please Print)

X _____
(SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE)