

Riverside Chiropractic Center of Seneca, Limited
Office Policy (Revised Jan. 1, 2009)

RCC does accept self pay patients as well as a large number of insurance carriers. As a Blue Cross/ Blue Shield of IL (BCBSI) PPO contracted provider, RCC will file and accept assignment for all BCBSI patient claims. For all other insurance carriers, including Medicare, you pay for your visit at the time of service, we file your claims to your carrier, then you will be reimbursed by your carrier. To be able to file your claim in an efficient and timely manner, you must provide us with the complete insurance information including primary and secondary insurance company names with complete addresses, policy numbers and group numbers. **If at any time there is a change in this information**, please contact us with the correct information including primary and secondary insurance company names with complete addresses, policy numbers and group numbers.

*It must be understood that the contract is between you and your insurance company. You are **fully responsible** for any amount not paid by your insurance for any reason. We can not guarantee that insurance will pay. RCC will not enter into a dispute over your insurance claim. This is your responsibility and obligation.

***If you have BCBS, your copays are due at the time of service.** BCBS patients will not be responsible for any amount over BCBSI maximum allowances should our fees exceed these limits.

***Medicare** may not pay for physical exams or x-rays or any type of physical therapy. You are therefore responsible for the balance of these services at the time they are rendered. Medicare fees will be adjusted in compliance with non-participating fee limits.

***Medicaid** patients will be required to pay copay **before time of service** and **have insurance card**. We will make a copy and return it.

***Auto Accident & Personal Injury (PI) patients** must provide us with all the correct information needed. RCC will not increase or decrease its fees and services according to the settlement received. We will bill your insurance, i.e. Med Pay. Your insurance company is expected to pay until a settlement is reached. At that time the insurance company of the person deemed responsible for the collision will reimburse the other insurance company. **We are unable to hold accounts receivable throughout the duration of the case, litigation or arbitration, therefore if for any reason timely payments are not being made by the insurance, you will be responsible for making payments.**

***Worker's compensation** patients must present all required insurance information ASAP. Patients must identify their injuries as a work injury prior to exam and treatment. Fees will be adjusted according to Illinois state limits. If your worker's comp. case is closed, you may continue care with us, but will be responsible for the bill at the time of service.

*Applicable promotional discounts or reduced fee programs will only be applied when services are paid at the time of service. In this case insurance claims will be sent at your request, but assignment of benefits will remain yours. If payment is not received at this time, the full fee will be charged.

***If a payment is not received by 60 days of services rendered, RCC reserves the right to refer your account to a collection agency. If this occurs, a collection fee equal to 35-50% of your balance will be added to your account, to cover collection agency fees and a 2% service charge will be added for each month that the account is past due, as well as reasonable attorney fees and court costs should the account go to litigation.**

***Beginning January 1, 2009, a \$5.00 statement charge will be added to accounts with a balance 60 days past due, for each month balance is due, until paid, to help defray the cost of sending out statements.**

***Returned checks** will be charged \$25.00. The amount of check and fees will have to be paid with secure funds.

***Payment Plan:**When in need, an individual payment program may be established for you prior to rendering of services. The balance will never be allowed to exceed \$200.00 while on a payment plan. You will also be required to pay 50% of any new visits, at the time of the visit. A billing charge of 2% for accounts over 30 days, and the \$5.00 statement charge will be added. A guarantee of payment with credit or debit card or check must be used. If monthly payment is missed, the credit or debit card will be charged and no statement charge added.

*A copy of our fee schedule is on the reverse side.

*If you discontinue care without doctor's release, the balance will be due and payable in full at that time.

Riverside Chiropractic Center will do our very best to keep on schedule to minimize any inconveniences to our patients. We ask that our patients continue with this effort by making and keeping appointment times. We appreciate at least 24 hour notice should you need to cancel your appointment. ***We reserve the right to charge for missed/ non-canceled appointments.***

Patients will only be accepted if patient and/or guarantor understand and accept our policy in its entirety. If you understand and agree with all of the office policies, please sign and date below.

I authorize RCC to release any of my information that is needed to file my insurance claim.

_____ *(please initial)* **Assignment of benefits: If I am a BCBSI, WC or PI patient,** I hereby authorize payment of medical (chiropractic) benefits to the provider of services as indicated on the submitted claims.

_____ *(please initial)* I am aware and understand RCC's Protected Health Information (**HIPPA**) Policy is available to me in the white 3 ring binders in the waiting room and consultation room. All of my questions have been answered to my satisfaction and I agree to the policy terms.

Printed Patient Name

Patient (Guarantor) Signature

Date

Printed Guarantor if different from patient