

MEINTS CHIROPRACTIC & WELLNESS PA
PATIENT FINANCIAL POLICY

All patients must read and sign this document, which will become a permanent part of the patient record.

**Our expectation is that you will pay all applicable co-pays, deductibles and patient responsibilities
AT THE TIME OF SERVICE.**

We accept cash, checks and credit cards. Please be aware that we will charge \$35.00 to your account for returned checks. We reserve the right to send all accounts with balances over 60 days to an outside collection agency. You may be responsible for all reasonable collections and attorney costs incurred.

Insurance

Please note that you, the patient, have a contract with your insurance carrier. We cannot guarantee that your insurance will cover our services. Therefore, we strongly suggest that you verify coverage with your insurance carrier prior to your appointment. We are an out-of-network provider (no contracts with any insurance company) so make sure you notify your insurance when requesting verification. We will gladly bill your insurance carrier for the services we provide, however if your insurance has not paid within 45 days, we reserve the right to make it your responsibility to follow up with them.

It is the patient's responsibility to notify the clinic of any changes in your insurance coverage. Please provide your insurance cards.

Please be aware that many insurance plans often determine "medical necessity" by the presence of a current consultation, exam, treatment plan, goals for functional improvement and specific dismissal date for each treatment onset. Not all companies are willing to pay for ongoing *sporadic* patient-driven care which they feel falls under the category of "supportive" or "maintenance" care. Insurance companies can deem this type of care to be "medically unnecessary", and subsequently may not reimburse for these services.

Uninsured Patients or Patients choosing not to use Insurance

If you plan to pay privately for your services, please be advised that **it is Meints Chiropractic & Wellness PA practice to collect payments in full at the time of service.** You may be eligible for a time of service discount offered due to savings of not submitting your insurance claims, completing requests from the insurance companies and paying to submit those claims. This only applies if you or Meints Chiropractic & Wellness, are not submitting your claims to an insurance company. The total fee must be paid at the time of service. We will not provide procedure codes, diagnosis codes, or respond to any insurance company requests for your services. We are required to submit insurance claims electronically in the state of Minnesota. Please notify us in advance if you want to start billing your insurance company. We will NOT, however, be able to bill any previous visits.

Workers' Compensation / Motor Vehicle Accidents / Third-Party Liability

If you believe your injury is work related, please inform us at the time you make your appointment and **BEFORE** being seen by the doctor. You are required to notify your employer and initiate a work comp claim. You must provide us with complete employer information, claim information (e.g., work comp insurance, claim number), and the details surrounding your injury.

We also require you to furnish us with your regular insurance information in the event that your work comp carrier denies your claim. If you do not have health insurance and your work comp claim is denied, you will be held responsible for the balance in its entirety.

Motor Vehicle Accidents (MVA) / Third-Party Liability

We will require all claim details (claim#, contact info, billing address) at the time of your appointment; otherwise we will require payment in full for services rendered. We will file claim(s) with the motor vehicle or third party insurance company that you designate, provided we have all the necessary information with which to bill. If the claims are denied, or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full. We will bill your private health insurance for balances left after your personal injury protection (PIP) is exhausted.

I acknowledge that I have received a copy of this financial policy. I agree to read this document and comply with the terms set forth in this policy for services rendered by Meints Chiropractic & Wellness PA.

Patient Name (printed): _____

Patient ID#: _____

Patient/POA/Guardian Signature: _____

Date: _____