

- C. **ACCIDENT (AUTO, HOME, PERSONAL INJURY)**. If you have PIP (personal injury protection insurance), your treatment will be covered at 100¹/₆ for "medically necessary" care. As a service to you, we will bill your insurance company directly. It is our policy to bill your insurance under PIP, **regardless of who is at fault**. Any services or supplies not covered will become your personal responsibility. You must supply us with the correct claim and policy numbers, billing address, and telephone numbers, claim managers name and attorney's name, if applicable.

If you do not have PIP, or you are waiting for the "at fault" party to reimburse you for your medical expenses, you can pay for your care as follows:

1. Bill your major medical insurance, and pay any co-pays and or deductibles.
2. Pay each visit
3. Establish a monthly payment plan, in most cases \$100 per month is the minimum required payment.

Also, if you are waiting to be reimbursed by a third party, you must have a signed lien on file with our office.

- D. **MEDICARE**: Our office **does not** accept Medicare assignment. You will be asked to pay the Medicare Allowable Charge at the time of your visit. We will bill Medicare for you, and any reimbursement will be sent directly to you. Medicare requires spinal x-rays, though they are not a covered service. The charge for your x-rays and exam for your initial visit is \$50. This is not reimbursable.

It is the patient's responsibility to know your insurance benefits and requirements for you to receive the best benefit from your insurance company (i.e. Referral, pre-authorization,) It is our policy to verify your benefits within the first week following your initial visit. We will do what we can to help you, but it is ultimately your responsibility to be aware and know your benefits and inform us of what is necessary on our Part.

Name (Printed please)

Signature

Date

BARTUSCH CHIROPRACTIC CLINIC

Office Policy Regarding Insurance and Financial Obligation

Payment is expected at the time of service. If you have insurance that covers chiropractic care, we will bill them as a service to you, if you sign an insurance assignment of benefits form, and authorize us to do such. You must supply us with a copy of your insurance card that has your correct ID number, group number, and telephone number to the insurance company on it.

If you do not have insurance, please be prepared to fully cover the fees for each visit. If you feel you cannot pay for fees at each visit, please contact Kari or Betsy. We have a number of payment options for you to choose from.

- A. **PRIVATE OR GROUP INSURANCE:** If your insurance covers your chiropractic care, you still may have to pay an annual deductible and/or co-pay at the time of service. As a courtesy to you, we will submit claims to your insurance company, but we must have all requirements of your insurance company (i.e. Referrals, pre-authorization, authorization of assignment) in order before this can be done. This is your responsibility to be aware and inform us of what is necessary. It may be ultimately your responsibility to pay for your care regardless of your insurance. Payment for your portion of fees incurred is expected at the time of service.

The provider, (Dr. Bartusch or Dr. Frink), may not waive co-pays or deductible amounts. Failure to collect co-pays or deductible amounts could result in the termination of the contract the doctor has with your medical insurance. Should there be a financial issue that will interfere with your treatment, please let us know.

Some insurance companies put restrictions on the number of chiropractic visits, or the amount paid per year. Your care requirements are based on diagnosis, health status, and need for care. Please understand that you will often benefit from care beyond the limits of your insurance coverage. If your care requirements go beyond the limits of your insurance coverage, we have a number of payment, and package options available to you.

- B. **WORKER'S COMPENSATION:** The Washington Department of Labor and Industries will pay for 100% of services once your claim has been accepted. They will pay only for curative care, or a point where you do not seem to make any further progress. If Labor and Industries denies your claim, you are responsible for payment of services rendered at our usual and customary rate.

Please be sure you have all appropriate claim numbers, date of injury, claim managers name, and billing information, if you have seen another doctor or have already opened a claim.

Reopening a closed claim: Your claim may be reopened if it can be determined that your present condition is a worsening of your previously accepted condition. Your first visit (exam, x-rays, and adjustment) will be covered by the Department of Labor and Industries. Until we receive notification from the Department that your claim has been accepted, you will be required to pay the accepted Labor and Industries fee. If your claim is accepted, you will be refunded all fees paid by you. If your claim is denied, you will be required from that point forward to pay our usual and customary fees.